

FILED FEB 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006112  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 79

300  
1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Monett</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Physician's</u>		Length of stay in lb <u>On Arrival</u>	d. STREET ADDRESS (If outside, give location) <u>route #2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Office</u> Middle Last <u>Lydia Rose Witte</u>			4. DATE OF DEATH Month Day Year <u>2 13 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-22-1889</u>
9a. AGE (In years last birthday) <u>68</u>		9b. FUNDER 1 YEAR Months <u>1</u> Days <u>21</u>	9c. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework &amp; Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and state or country) <u>Monett, Mo. R#2</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Julius Albert Witte</u>	
13b. MOTHER'S MAIDEN NAME <u>Augusta Marquardt</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-42-6500</u>	17. INFORMANT <u>Otto Witte</u> Address <u>Monett, Mo. R#2</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial heart disease</u> DUE TO (c) <u>Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 Minutes</u> <u>5 years</u> <u>5 years</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Nov. 26, 1957</u> to <u>Feb. 13, 1958</u> and last saw her/him alive on <u>Nov. 26, 1957</u> . Death occurred at <u>11:00</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. B. Chapman, M. D.</u> (Degree or title)		22b. ADDRESS <u>Joplin, Mo.</u>	
22c. DATE SIGNED <u>2-15-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-16-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spring River Cem.</u>
23d. LOCATION (City, town, or county) <u>Verona, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Mercer Funeral Home, Monett, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-20-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Doyle Merriam</u>			

County File Number  
Date Filed FEB 25 1958

MAR 19 1958

MAR 10 1958

MAR 4 1958  
FEB 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Roy H. Mercer .....

Licensed Embalmer No. 4432 .....  
P. O. Address Monett, Mo. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.