

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024946  
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 72 Primary Registration District No. 4/34 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Smithville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Platte City</i> 0830
c. FULL NAME OF IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hospital</i>		Length of stay in lb <i>3 weeks</i>	d. STREET ADDRESS (If outside, give location) <i>205-Second St.</i>
			Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Stella</i> Middle <i>May</i> Last <i>WITT</i>			4. DATE OF DEATH Month <i>July</i> Day <i>4</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 23, 1877</i>		9. AGE (In years (by birthday) UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>House Keeping</i>	11. BIRTHPLACE (City and state or country) <i>De. Kalk. Co Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13. FATHER'S NAME <i>James Francis</i>		13b. MOTHER'S MAIDEN NAME <i>Mary C. Capps</i>		14. NAME OF HUSBAND OR WIFE <i>Talton B. Witt deceased</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT <i>Audon Witt</i> Address <i>Platte City, Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i>			
DUE TO (c) <i>4201</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral vascular Accident &amp; Hemiplegia</i>			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 WORK <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 *June 10* to *July 4* and last saw her alive on *7-4-58*  
Death occurred at *1:30* p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>C. W. Blumhauer, M.D.</i>		22b. ADDRESS <i>Platte City, Mo</i>		22c. DATE SIGNED <i>7-5-58</i>	
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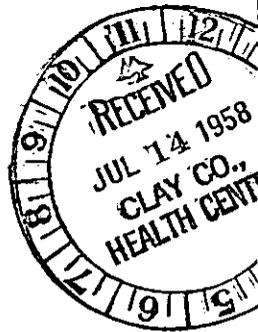
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 6-58</i>		23c. NAME OF CEMETERY OR FACTORY <i>Platte City</i>		23d. LOCATION (City, town, or county) (State) <i>Platte City Mo</i>	
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24. FUNERAL DIRECTOR <i>Leland H. Francis</i> ADDRESS <i>Parkeville</i>		25. DATE RECD. BY LOCAL REG. <i>7-6-58</i>		26. REGISTRAR'S SIGNATURE <i>Marguerite Hudgens</i>	
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service  
1-57  
All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION



AUG 8 0 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, ~~\_\_\_\_\_~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Edward H. Francis*  
401 Main St. 3451  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address *Parkville*

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.