

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033529
STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 209 Primary Registration District No. 4561 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MONROE CITY 0646
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 402 STODDARD ST		Length of stay in 1b 5 YRS	d. STREET ADDRESS (If outside, give location) 402 STODDARD
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) ANNA	First	Middle KATHERINE	Last WITTMAR	4. DATE OF DEATH SEPTEMBER 11.1958
				Month Day Year

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 19th 1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 3 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) MARION COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM B WITTMAR	13b. MOTHER'S MAIDEN NAME DORA MADLEMAN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Arthur Wittmar	Address Monroe city, mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 794 X	COUNTY	STATE
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21. Attended the deceased from May 22 1936 to Sept 11 1958 and last saw her alive on Sept 10 1958 Death occurred at 445 AM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Arthur Wittmar</i> (Degree or title)	22b. ADDRESS Monroe City Missouri	22c. DATE SIGNED 9/12/58
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23a. BURIAL, CREMATION, BURNING (Specify) BURIAL	23b. DATE 9-12-58	23c. NAME OF CEMETERY OR CREMATORY ANDREW CHAPEL CEMETERY	23d. LOCATION (City, town, or county) (State) MARION COUNTY MISSOURI
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24. FUNERAL DIRECTOR <i>Wilson & Sons</i>	ADDRESS MONROE CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-13-58	26. REGISTRAR'S SIGNATURE <i>Dr. G. M. ...</i>
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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

MEDICAL CERTIFICATION

RECEIVED SEP 29 1958
MARION CO. HEALTH DEPT.
DATE FILED SEP 29 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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address Union City.....

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.