

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037392
STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 122

FILED NOV 12 1958

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bolivar</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in the Home</u>		Length of stay in 1b <u>22 yr.</u>	d. STREET ADDRESS (If outside, give location) <u>0841</u> 0 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Oren</u> Middle <u>William</u> Last <u>Witt</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>22</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 17, 1889</u>	9. AGE (In years (as birthday)) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Cement</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Finisher</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John W. Witt</u>		13b. MOTHER'S MAIDEN NAME <u>Hedy Bryans</u>		14. NAME OF HUSBAND OR WIFE <u>Alta Witt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, if unknown) (If yes, give year or dates of service) <u>Yes W.W.1</u>		16. SOCIAL SECURITY NO. <u>500-09-7920</u>	17. INFORMANT Address <u>Alta Witt Bolivar, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. CAUSE OF DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Thrombosis</u>			
	DUE TO (c) <u>Arterio-Sclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4301</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 <u>12:10</u> Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>1946</u> to <u>Oct. 22, 1958</u> and last saw him alive on <u>Oct. 22, 1958</u> . Death occurred at <u>12:10 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. J. Gumbert, D.O.</u>		22b. ADDRESS <u>Bolivar Mo.</u>	22c. DATE SIGNED <u>10-24-58</u>

23a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 25, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Enon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>Pitts Funeral Home - Bolivar, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Nov 3, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gorden per Jewell Gorden</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 13 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 *Sidney J. Pitts*

Licensed Embalmer No. *4939*

P. O. Address *Bolivia, 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.