

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004642

STATE FILE NUMBER 214

FILED MAR 2 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No.

214

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Euchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Euchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b> <i>117</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp.</b>		Length of stay in lb <b>40 yrs.</b>	
d. STREET ADDRESS <b>2617 Francis St.,</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Horace</b> Middle <b>Maynard</b> Last <b>Witt</b>			4. DATE OF DEATH <b>Feb. 24, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 9, 1869</b>
9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cobb Shoe Co.</b>	11. BIRTHPLACE (City and state or country) <b>Union County, Tennessee</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Elbert Witt</b>	
13b. MOTHER'S MAIDEN NAME <b>Theodocia Heath</b>		14. NAME OF HUSBAND OR WIFE <b>Susan Dora Cliser Witt</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	
17. INFORMANT <b>Mrs. Martin N. Thomas, St. Joseph, Missouri</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Malignancy of Left Kidney with Metastasis to Other Organs.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <b>hypertension - heart disease - Congenital Trauma</b>			<b>1 year</b>
DUE TO (c) <b>Terminal Uremia</b>			<b>48 hrs</b>
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? 1 YES <input checked="" type="checkbox"/> NO <input 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.) <b>180x</b>	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
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 <b>May-26-58</b> to <b>Feb-24-59</b> and last saw him <sup>alive</sup> on <b>Feb-24-59</b> Death occurred at <b>2:30</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. L. Howden M.D.</b>		22b. ADDRESS <b>419 North Main St. St. Joseph, Mo.</b>	
22c. DATE SIGNED <b>2-25-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 27, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
24. FUNERAL DIRECTOR <b>Messinger-Herman Co.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 27 1959</b>	
ADDRESS <b>St. Joseph, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Wm. Clark Standell</b>	

MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. T. L. Howden

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 *Albert B. Harrington*

Licensed Embalmer No. *3208*.....  
P. O. Address....*St. Joseph*.....No. ....

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.