

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016964

STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 140

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Fulton |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hosp. | | Length of stay in 1b 4 Months | d. STREET ADDRESS 812. Center St. (If outside, give location) |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) James First Sollie Middle Witcher Last | | | 4. DATE OF DEATH May 15, 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 18, 1873 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer Retired | 11. BIRTHPLACE (City and state or country) Bells, Texas | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME J. C. Witcher | | | 14. MOTHER'S MAIDEN NAME Fannie M. Gilbert | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Mrs. Ethel Hamilton, Fulton, Mo | |

| | | | |
|---|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis | | | INTERVAL BETWEEN ONSET AND DEATH 6 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Infarction | | | 4 months |
| DUE TO (c) Arteriosclerotic Heart Disease | | | 4 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Senility | | | 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.) 4200 | | |
| 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 **Sept. 17, 1913**, to **May 15, 1959** and last saw her alive on **May 11, 1959**
Death occurred at **3:00 a m** on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|--|---|--------------------------------------|
| 22a. SIGNATURE (Degree or title) Lloyd E. Hutchins D. O. | 22b. ADDRESS Fulton, Missouri | 22c. DATE SIGNED 5/16/1959 |
|--|---|--------------------------------------|

| | | | |
|---|----------------------------------|---|---|
| 23a. BURIAL, CREATION, REMOVAL (Specify) Burial | 23b. DATE May 16, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery | 23d. LOCATION (City, town, or county) (State) Fulton, Mo. |
|---|----------------------------------|---|---|

| | | |
|--|--|--|
| 24. FUNERAL DIRECTOR ADDRESS Dauphin Funeral Home, Fulton, Mo. | 25. DATE RECD. BY LOCAL REG. May-16-1959 | 26. REGISTRAR'S SIGNATURE Maretha Lawrence |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Marshall G. Black*
.....

Licensed Embalmer No. *4*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.