

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

-60-023682

FILED VS JUN 29 1960

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MIDELTON</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FARM HOME (5 mi. ³ N. Hwy 1)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SALINE</u> c. CITY OR TOWN <u>BLACKBURN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>MAIN STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First Middle Last <u>AUGUST WILLIAM HERMAN WITTE</u>				4. DATE OF DEATH Month Day Year <u>JUNE 24 1960</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>OCT 18, 1890</u>		9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>DRAKE Missouri</u>				11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>WILLIAM WITTE</u>				13b. MOTHER'S MAIDEN NAME <u>LENA BINK HOELTER</u>				14. NAME OF HUSBAND OR WIFE <u>MINNIE</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>490-42-9634</u>				17. INFORMANT Address <u>HARRY WITTE</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death due to natural causes</u> DUE TO (b) <u>Myofibrillar Coronary Occlusion</u> DUE TO (c) <u>Found dead on his farm fence - lustrated</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Nonevidence of Violence</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. Month, Day, Year _____															
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE							
21. I attended the deceased from <u>after death</u> to <u>6-24-60</u> and last saw her/him alive on <u>never</u> Death occurred at <u>farm</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>W. Martinson Carson</u>								22b. ADDRESS <u>Odessa Mo</u>				22c. DATE SIGNED <u>6-24-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN</u>				23d. LOCATION (City, town, or county) (State) <u>BLACKBURN Missouri</u>					
24. FUNERAL DIRECTOR ADDRESS <u>L.F. PARKER Sweet Springs Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>June 25-60</u>		26. REGISTRAR'S SIGNATURE <u>Lucie Jordan Jordan</u>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove

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