

ORIGINAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023731

FILED VS JUN 27 1960

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5669 Registrar's No. 83

UNDECEASED

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hawk Point		Length of stay in 1b life		c. CITY OR TOWN Hawk Point		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) No Street Address		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Buell Middle None Last Witt			4. DATE OF DEATH Month June Day 15 Year 1960										
5. SEX Male		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 2/24/08		9. AGE (last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker				10b. KIND OF BUSINESS OR INDUSTRY Gen. Mfg.		11. BIRTHPLACE (City and state or country) Hawk Point, Missouri			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Alva Witt				13b. MOTHER'S MAIDEN NAME Alberta Upson				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2				16. SOCIAL SECURITY NO. 490-14-4259		17. INFORMANT Address Mrs Ruth Crouch, Hawk Point, 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) Cerebral Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH ??			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension													
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year											
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Joseph Q. Marsh, CORONER						22b. ADDRESS Troy, Missouri			22c. DATE SIGNED 6/18/60				
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 6/19/60		23c. NAME OF CEMETERY OR CREMATORY Hawk Point Cemetery			23d. LOCATION (City, town, or county) (State) Hawk Point, Missouri						
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 6-20-1960		26. REGISTRAR'S SIGNATURE Charlotte Leek					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 6 NNR

MS MAR 17 1987

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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.