

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 27 1960

77 3016 434 -60-045541

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

|  |  |   |  |   |   |   |  |  |  |  |  |                |  |
|--|--|---|--|---|---|---|--|--|--|--|--|----------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Osage</b>                          |   |   |  |  |  |  |  |                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Jefferson City</b>   |  | Length of stay in 1b<br><b>3 Weeks</b>  |  | c. CITY OR TOWN<br><b>Freeburg</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |  |  |                |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>St Mary's Hospital</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>None</b>            |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |  |                |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Henry Christian Wittkop</b>  |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>Dec 22 1960</b>  |   |   |  |  |  |  |  |                |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>7 Nov 1896</b>                                     |  | 9. AGE (last birthday)<br><b>64</b>  |  | IF UNDER 1 YEAR<br>Months Days Hours Min.                          |  | IF UNDER 24 HR |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Merchant</b>                                 |   | 11. BIRTHPLACE (City and state or country)<br><b>Brinktown Missouri</b> |   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  |  |  |                |  |
| 13a. FATHER'S NAME<br><b>Joseph Wittkop</b>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Kloepfell</b>  |   |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Wittkop</b>   |  |  |  |                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  |   |  | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br>Address<br><b>Mary Kittkop Freeburg, Mo.</b>             |  |  |  |  |  |                |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hepatic coma</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cirrhosis of Liver</b><br>DUE TO (c) |  |   |  |   |   |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>one wk</b><br><b>10 yrs</b> |  |                |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |                |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. 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 <b>May 1950</b> to <b>12/22/60</b> and last saw him alive on <b>12/22/60</b><br>Death occurred at <b>9:55 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |   |   |  |  |  |  |  |                |  |
| 22a. SIGNATURE<br><i>[Signature]</i>   |  |   |  | (Degree of title)   |   |   |  | 22b. ADDRESS<br><b>Jefferson City, Mo</b>  |  | 22c. DATE SIGNED<br><b>12/23/60</b>                                |  |                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 23b. DATE<br><b>24 Dec 60</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Holy Family Cemetery</b>   |   |   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Freeburg, Missouri</b>   |  |  |  |                |  |
| 24. FURNERAL DIRECTOR<br><i>[Signature]</i><br>ADDRESS<br><b>Vienna, Mo.</b>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>23 December 1960</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>R.P. Davis, MD - Richter, Dep</b>         |  |  |  |  |  |                |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*McPinnick*

Licensed Embalmer No.

*366*

P. O. Address

*Verona*

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.