

CERTIFICATE OF DEATH

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 143

DO NOT WRITE ON THIS STUB

9. 1

10a. 94

10b.

11. 1

12. 2

13. 4109

14.

15. 9

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4. 0405

5. 2

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0405

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Cynthia Ann WITTEN		Female	Aug. 24, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MO. DAYS	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN.
4. White	So 94	5b.	5c. Sept. 28, 1873
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
7b. Trenton		7c. Grundy	
7d. Yes		7e. Wright Memorial Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
8. Indiana		9. U. S. A.	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
11. Housewife		18. Widowed	
12. At Home		11. At Home	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Mo.	14b. Grundy	14c. Trenton	14d. Yes 14e. 1514 Chestnut
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Andrew Adkinson		16. Mildred Meek	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17b. Hubert Witten		17c. R # 4 Trenton, Mo. 64683	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
21. IMMEDIATE CAUSE			—
(a) MYOCARDIAL INFARCT DUE TO, OR AS A CONSEQUENCE OF:			
(b) PULMONARY THROMBOSIS DUE TO, OR AS A CONSEQUENCE OF:			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (BY STATING THE UNDERLYING CAUSE LAST)			(c)
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
DUODENAL-ULCER + PYLORIC STENOSIS			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	M. 20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. 8-21-1968		21b. 8-23-68	21c. 8-23-68
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22a.		M. 22b.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
23a. W.M.A. FURSON		23b. W.M.A. Furson M.D.	23c. 8-25-1968
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE ZIP
23d. 105 E. 10th St.		Trenton, Mo.	64683
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORIUM NAME	LOCATION	CITY OR TOWN STATE
24a. Burial	Edinburg	Grundy Co., Mo.	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. Aug. 26, 1968	I.O.O.F. Cemetery		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25b. Blackmore-Whitaker	J. Rene Jau	25c. 8-26-68	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

64683

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 *Leet. W. H. Baker*

Licensed Embalmer No. 4780

P. O. Address *Trouton, Mo.*

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.