

ARKANSAS STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

'68

13193

Registration - District No. 63

Primary Registration District No. _____
 1. PLACE OF DEATH
 a. COUNTY Pulaski AUG 22 1968

2. USUAL RESIDENCE (Where deceased lived, if institution Res. before adm.)
 a. STATE Arkansas b. COUNTY Pulaski

b. CITY, TOWN, OR LOCATION
Little Rock

c. CITY, TOWN, OR LOCATION
North Little Rock,

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
Missouri Pacific Hospital

d. STREET ADDRESS
Box 677

e. IS PLACE OF DEATH INSIDE CITY LIMITS?
 YES NO

e. IS RESIDENCE INSIDE CITY LIMITS? f. IS RESIDENCE ON A FARM?
 YES NO YES NO

3. NAME OF DECEASED (Type or print) First Middle Last
Witt Orison Guise

4. DATE OF DEATH Month Day Year Hour
8 13 1968 3:10 A

5. SEX male 6. COLOR OR RACE white 7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH 9 - 18 - 1908 9. AGE (In yrs. last birthday) 59
 If Under 1 Year If Under 24 Hours
 Months Days Hours Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired)
Professional Baseball Player

11. BIRTHPLACE (State or foreign country) Driggs, Ark. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME
Joseph Guise

14. MOTHER'S MAIDEN NAME
Lydia Arant

15. Was Deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)

16. Social Security No. _____
 17. INFORMANT—Signature wife ADDRESS same

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma sigmoid colon part up still & massive intra-abdominal carcinomatosis
 Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I(a) see text on obs. see to #1

INTERVAL BETWEEN ONSET AND DEATH
153.2
 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Hour Month Day Year

20f. CITY, TOWN, OR LOCATION COUNTY STATE

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21. I attended the deceased from 1961 to 8/13/68 and last seen ^{her} alive on 8/12/68
 Death occurred on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jane R Witt MD (Degree or title)

22b. ADDRESS 500 So Univ. Little Rock Ark 22c. DATE SIGNED 8/21/68

23a. Burial, Cremation, Removal (Specify) Burial 23b. DATE 8 - 16 - 68 23c. NAME OF CEMETERY OR CREMATORY National

23d. LOCATION (City, town, or county) (State)
Little Rock, Arkansas

24. FUNERAL DIRECTOR—Signature North Little Rock Funeral Home ADDRESS 20th & Main

25. DATE RECD. by LOCAL REG. 8 - 22 - 68 26. REGISTRAR'S SIGNATURE Florence J... DEPUTY REGISTRAR

27. EMBALMER—Signature (If Body Embalmed) Andrew Ferber

LICENSE NUMBER 724 Form VS-2 40M-4-87-37489- PP&SCO.

MEDICAL CERTIFICATION