

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36983**  
Registrar's No. **7003**

BIRTH NO.		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>5465</b>		Registrar's No. <b>7003</b>		
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE MO.</b>				
b. CITY OR TOWN <b>RURAL CAMPBELL</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>RURAL CAMPBELL</b>		d. STREET ADDRESS (If rural, give location) <b>SPRINGFIELD RT. 11</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SPRINGFIELD RT. 11</b>								
3. NAME OF DECEASED (Type or Print) <b>EDWARD</b>			a. (First)		b. (Middle) <b>M.</b>		c. (Last) <b>WITHERSPOON</b>	
4. DATE OF DEATH <b>NOV. 14 1949</b>		(Month) (Day) (Year)						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>25 FEB. 1869</b>		
9. AGE (in years last birthday) <b>80</b>		if UNDER 1 YEAR Months Days		if UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>WILLIAM WITHERSPOON</b>			13b. MOTHER'S MAIDEN NAME <b>MARY WATTS</b>			14. NAME OF HUSBAND OR WIFE <b>FLORA WITHERSPOON</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>FLORA WITHERSPOON</b> ADDRESS <b>SPRNGD. MO. RT. 11</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Degenerative Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Renovated Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>  <b>45:00</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>May 28, 1948</b> , to <b>11-14, 1949</b> , that I last saw the deceased alive on <b>10-29, 1949</b> , and that death occurred at <b>8:25 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>11-15-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-16-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BELLVIEW CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>5 MILES NE. OF SPNGD. MO.</b>		
DATE REC'D BY LOCAL REG. <b>11-17-49</b>		REGISTRAR'S SIGNATURE <b>W. J. Handley</b>		FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Klingner &amp; Co.</b>		ADDRESS <b>Springfield, Mo.</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

Signed \_\_\_\_\_

*Max Rhodes*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4071

P. O. Address Springfield

**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 this body is not embalmed, fact should be so stated above.