

S. No. 300
v. 10.48
FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23517**

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. 29

0510
1

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

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON TWP</u>	c. LENGTH OF STAY (In this place) <u>6 YR</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RED KINGVILLE MO 0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELM MO</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL JACKSON TWP</u>	

3. NAME OF DECEASED (Type or Print) <u>HOWARD MILTON WITHERS</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 30 1878</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>73 2 25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GROGER</u>	11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JAMES WITHERS</u>	13b. MOTHER'S MAIDEN NAME <u>REBECCA BRUCE</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE B WITHERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie B Withers</u>	ADDRESS <u>Elm Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 week</u> <u>5 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis of cerebral vessels</u> DUE TO (c) <u>now</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>now</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>now</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>334X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 15, 1951, to 21, 1951, that I last saw the deceased alive on June 21, 1951 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Capitol Mo</u>	23c. DATE SIGNED <u>7-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1951 July 28</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>July 30, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. W. Redford</u>	150	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paraday & Rapp</u>	ADDRESS <u>Haldone</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 2 1951
JOHNSON COUNTY HEALTH DEPT.

OCT 1 4 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *M J Canaday*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Helders, 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 this body is not embalmed, fact should be so stated above.