

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12512

FILED MAR 31 1953

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State File No.

Registrar's No. 2865

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pittsburg 0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 602 N. Walnut Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Elizabeth	b. (Middle) Clarice	c. (Last) Widner	(Month) 3	(Day) 16	(Year) 53

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1927	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 28	IF UNDER 12 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Quincy, Florida	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME George Lewis	13b. MOTHER'S MAIDEN NAME Clarice Bainey	14. NAME OF HUSBAND OR WIFE Don Widner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Smith Funeral Home, Pittsburg, Kan.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory paralysis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myasthenia gravis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 7440
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22. I hereby certify that I attended the deceased from Dec. 31, 19 52, to Mar. 16, 19 53, that I last saw the deceased alive on Mar. 16, 19 53, and that death occurred at 5:05A m., from the causes and on the date stated above.

23a. SIGNATURE TR Madala	(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 3/16/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Mar/ 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Highlan Park Cemetery	24d. LOCATION (City, town, or county) (State) Pittsburg, Kansas
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DATE REC'D BY LOCAL REGISTRAR MAR 16 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D. & P.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer

Signed

Ernest W Spillans

Licensed Embalmer No. 4080

P. O. Address _____

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.