

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8320**

BIRTH NO. **DECEASED MAR 29 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **311**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (In this place) 1 hour	c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		e. STREET ADDRESS (If rural, give location) 1414 N. Summit		
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Cady c. (Last) Withall		4. DATE OF DEATH (Month) (Day) (Year) March 25, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 19, 1870	
9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 2 Days 6	IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Railway Machinist	11. BIRTHPLACE (City and State or Foreign Country) / Little Rock, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Charles Withall		13b. MOTHER'S MAIDEN NAME Eveline Cady	14. NAME OF HUSBAND OR WIFE Mayme K. Withall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. W. Johnson Springfield,	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		Mo. INTERVAL BETWEEN ONSET AND DEATH 2 days 1 yr.
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis		
		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 type="checkbox"/> NO <input checked="" 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) m.	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 <u>Sept</u>, 1946, to <u>25 March</u>, 1954, that I last saw the deceased alive on <u>25 March</u>, 1954, and that death occurred at <u>35A, m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE Jennett E. Knott		23b. ADDRESS 1630 N. Jefferson	23c. DATE SIGNED 25 March 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 27, 1954	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 3/25/54	REGISTRAR'S SIGNATURE Earth Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri	

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

JAN 20 1955
MAY 4 1954
JUL 11 1954

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..... *Lewis G Scharpf*

Licensed Embalmer No. *3882*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.