

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30251**

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 5440		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (CLAY TOWNSHIP) c. LENGTH OF STAY (in this place) 16 yrs				c. CITY OR TOWN Rural (Clay Township)		d. Is Residence within limits of a city or incorporated town? No	
d. FULL NAME OF HOSPITAL OR INSTITUTION: family home				e. STREET ADDRESS (If rural, give location) 0270			
3. NAME OF DECEASED (Type or Print)		a. (First) DORA		b. (Middle) WITHOUSE		c. (Last) _____	
4. DATE OF DEATH		(Month) Sept (Day) 10th (Year) 1954					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 22 1887	9. AGE (In years last birthday) 66 yrs	10. UNDER 1 YEAR Days _____	11. UNDER 1 MRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES GLOVER		13b. MOTHER'S MAIDEN NAME CAROLINE REED		14. NAME OF HUSBAND OR WIFE ALFRED WITHOUSE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ALFRED WITHOUSE ADDRESS BLAND, MO.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertension ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis 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 3 yrs 6 yrs	
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) (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 8/24, 1954 , to 9/10, 1954 , that I last saw the deceased alive on 9/10, 1954 , and that death occurred at 7:23 pm. , from the causes and on the date stated above.							
23a. SIGNATURE R. A. Schomburg (Degree or title)				23b. ADDRESS Belle, Mo		23c. DATE SIGNED 9/15/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 12/54		24c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY		24d. LOCATION (City, town, or county) (State) BELLE, MISSOURI	
DATE REC'D BY LOCAL REG. September 16, 1954		REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer		25. FUNERAL DIRECTOR'S SIGNATURE Chas. San ADDRESS BLAND		25. FUNERAL SERVICE	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4178

P. O. Address. Blind

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.