

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21264**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **849**

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>                                     |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b> | c. LENGTH OF STAY (in this place) <b>26 yrs</b> | c. CITY OR TOWN <b>St. Joseph</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>902 Morgan Street</b>                   |   | f. STREET ADDRESS (If rural, give location) <b>902 Morgan Street</b>   |   |

|   |   |   |  |
|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ALTA</b> | b. (Middle)   | c. (Last) <b>WITHAM</b>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>AUGUST 1, 1955</b>             |
| 5. SEX <b>female</b>  | 6. COLOR OR RACE <b>white</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b> | 8. DATE OF BIRTH <b>Nov. 3, 1888</b>                                       |
| 9. AGE (In years last birthday) <b>66</b>                     | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b> |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Callao, Missouri</b> |
| 10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>             |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                               |  |

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <b>William Summers</b>  | 13b. MOTHER'S MAIDEN NAME <b>Mary E. Redburn</b> | 14. NAME OF HUSBAND OR WIFE <b>Millard</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b>              | 17. INFORMANT'S SIGNATURE OR NAME <b>Millard Witham</b> ADDRESS <b>902 Morgan St., City</b> |

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|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hrs</b> |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive heart disease</b> |  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>                          |  |  |

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|---|--|--|
| 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) | 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 July 29, 1955 to Aug 1, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 5:30A m., from the causes and on the date stated above.

|   |                               |  |   |
|---|-------------------------------|--|---|
| 23a. SIGNATURE <b>E. Handley</b>                        | (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>Phy &amp; Surg Bldg., St. Joseph, Mo.</b>        | 23c. DATE SIGNED <b>8/11/55</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>Aug 3, 1955</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b> |

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|--|--|--|
| DATE REC'D BY LOCAL REG. <b>Aug 12, 1955</b> | REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Allison</b> ADDRESS <b>Funeral Home, St. Joseph, Mo.</b> |
|--|--|--|

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

SEP 15 1955

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.....  
*Richard S. Collins*

Licensed Embalmer No. 4957

P. O. Address.....  
*St. Joseph*

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.