

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30432**

BIRTH NO. _____		REG. DIST. NO. <b>290</b>		PRIMARY REG. DIST. NO. <b>4431</b>		Registrar's No. <b>139</b>	
1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Dixon</b>		c. LENGTH OF STAY (in this place) <b>Dixon</b>		c. CITY OR TOWN <b>Dixon</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				e. STREET ADDRESS (If rural, give location) <b>0850</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b>		b. (Middle) <b>Ann</b>		c. (Last) <b>Withers</b>		4. DATE OF DEATH (Month) <b>10</b> (Day) <b>4</b> (Year) <b>1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>8/17/1880</b>	
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Henry Haase</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>John Withers</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Charles McEntee, Dixon, Missouri</b>			
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) <b>Cerebral vascular accident</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>331x</b>				INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b> <b>yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Aug 10, 1955</b> to <b>Aug 10, 1955</b> , that I last saw the deceased alive on <b>Aug 4, 1955</b> , and that death occurred at <b>9:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. O. Hughes</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Dixon, Mo.</b>		23c. DATE SIGNED <b>6-10-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/6/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dixon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dixon, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-6-55</b>		REGISTRAR'S SIGNATURE <b>Paula Anderson</b>		458. FUNDAL DIRECTOR'S SIGNATURE <b>Fred H. Gilbert</b>		ADDRESS <b>Dixon, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

10-6-55  
10-8-55  
Pulaski County Health Officer  
File Number  
Date Filed

### 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 *Maurice E. Schenk*

Licensed Embalmer No. *450*

P. O. Address ..... *Dixon, MI*

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.