

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5266**

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 73		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Independence		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 639 S. Park				STREET ADDRESS (If rural, give location) 639 S. Park				
3. NAME OF DECEASED (Type or Print) a. (First) MR. WILLIAM b. (Middle) NEIL c. (Last) SOUTHERN			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 4, 1864		
9. AGE (In years at birthday) 91		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 24 HRS. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper owner			10b. KIND OF BUSINESS OR INDUSTRY & Editor		11. BIRTHPLACE (City and State or Foreign Country) Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John N. Southern			13b. MOTHER'S MAIDEN NAME Martha Allen			14. NAME OF HUSBAND OR WIFE Emma Southern		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-12-1987		17. INFORMANT'S SIGNATURE OR NAME Mrs. George Wallace Indep, Mo. ADDRESS _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular collapse		ANTECEDENT CAUSES						
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
DUE TO (b) Post operative prostatic resection		DUE TO (c) Adenocarcinoma of prostate						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 1-23-56		19b. MAJOR FINDINGS OF OPERATION Obstructing Prostate				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 1-16-56 to 2-11-56 , that I last saw the deceased alive on 2-11-56 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE George Larson MD (Degree or title)				23b. ADDRESS 123 1/2 W Lexington		23c. DATE SIGNED 2-18-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 13, 1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Indep, Mo.		
DATE REC'D BY LOCAL REG. 2-13-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Indep, Mo.				

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

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1962

FEB 7 1962

JUN 28 1961

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..... Jason T. White Licensed Embalmer No. 4929

P. O. Address..... Indefinite

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.