

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011773

FILED VS MAR 29 1960

Registration District No. 207 Primary Registration District No. Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Maries County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural So. Miller		Length of stay in 1b		c. CITY OR TOWN Rural Atwell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles west of Dixon, Mo. on Road BB			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5 miles East of Iberia, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) John Anderson Withers				4. DATE OF DEATH Month 3 Day 23 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/8/1958		9. AGE (last birthday) 1		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) St. Louis County, Mo.			12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Clifton Withers				13b. MOTHER'S MAIDEN NAME Barbara Kneemiller				14. NAME OF HUSBAND OR WIFE X					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X				16. SOCIAL SECURITY NO. X		17. INFORMANT Address Mr. Clifton Withers, Rt.#3, Dixon, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull DUE TO (b) Crushed Head DUE TO (c) Car Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY 3:10PM		Hour Month, Day, Year 3/23/60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road BB				20f. CITY, TOWN, OR LOCATION Maries County, Mo.		COUNTY STATE			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Dr. C. Cunningham</i> Coroner				22b. ADDRESS Vienna, Mo.				22c. DATE SIGNED 3/25/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/28/1960		23c. NAME OF CEMETERY OR CREMATORY Fox Crossing Cemetery			23d. LOCATION (City, town, or county) (State) Pulaski County, Missouri						
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc., Dixon, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-26-1960		26. REGISTRAR'S SIGNATURE <i>Nozelle Latchum</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.