

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034493

DECEASED

REGISTRATION DISTRICT No. 128

Primary Registration District 2000

Registrar's No. 989

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. St. John's Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>1429 Roanoke</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>JOHN</b> Last <b>WITHERSPOON</b>		4. DATE OF DEATH Month <b>September</b> Day <b>26,</b> Year <b>1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4 June 1906</b>
9. AGE (last birthday) <b>54</b>		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) <b>City Fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Fireman</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>William J. Witherspoon</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Wood</b>		14. NAME OF HUSBAND OR WIFE <b>Marilyn Witherspoon</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>?</b>	17. INFORMANT <b>Marie Witherspoon (Sister) Springfield, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gun shot wound in chest</b>			INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>
DUE TO (b)			
DUE TO (c)			
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"/> N- <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>He shot himself in the chest with a shot gun. He left notes indicating the intention of suicide. H</b>	
20c. TIME OF INJURY Hour <b>approx 8:10A.M.</b> Month, Day, Year <b>9/26/1960</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>front yard of his home</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield, Greene, Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at <b>approx 8:30A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Galph H. Prieme</b> <b>Greene County Coroner</b>		22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>9/28/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BELLVIEW</b>	23d. LOCATION (City, town, or county) (State) <b>GREENE COUNTY, MO.</b>
24. FUNERAL DIRECTOR <b>KLINGNER MORTUARY, INC</b> ADDRESS <b>SPRINGFIELD MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-28-60</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Meeter</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 7 100  
OCT 4 1960

**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 Ogle Stone Jr

Licensed Embalmer No. 417

P. O. Address SPRINGFIELD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.