

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020000

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1595

AMENDED

FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mehlville</b>	Length of stay in 1b <b>3 Yrs</b>	c. CITY OR TOWN <b>Rock Hill</b>	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>Fuller Nur. Home</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>9450 Plainfield Dr</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **Linda** Middle **J.** Last **Withers** 4. DATE OF DEATH Month **June** Day **5th** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Single  8. DATE OF BIRTH **Apr 13 52** 9. AGE (last birthday) **9**

IF UNDER 1 YEAR	IF UNDER 24 HR
Months <b>1</b> Days <b>23</b>	Hours <b></b> Min. <b></b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil** 10b. KIND OF BUSINESS OR INDUSTRY **Nil** 11. BIRTHPLACE (City and state or country) **St Louis Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Withers** 13b. MOTHER'S MAIDEN NAME **Dorothy Deutman** 14. NAME OF HUSBAND OR WIFE **\*\*\*\*\***

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No Nil** 16. SOCIAL SECURITY NO. **Nil** 17. INFORMANT **John Withers** Address **9450 Plainfield Dr Rock Hill, Mo.**

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>Pulmonary Edema</b>	INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Congestive Failure</b>	<b>12 hrs.</b>
DUE TO (c) <b>Congenital Heart Disease</b>	<b>Life</b>

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.  Yes  N.  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour  a.m.  p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20f. CITY, TOWN, OR LOCATION  COUNTY  STATE

21. I attended the deceased from **6/4/61** to **6/5/61** and last saw her **live** on **6/5/61** Death occurred at **6:34** **A**-m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE **Charles Burnside M.D.** (Degree or title) 21b. ADDRESS **206 W. Argonne R. 22** 21c. DATE SIGNED **6/5/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6-6-61** 23c. NAME OF CEMETERY OR CREMATORY **Mt Hope Cem.** 23d. LOCATION (City, town, or county) (State) **Lemay, Mo.**

24. FUNERAL DIRECTOR **Fey Funeral Home, Mehlville Mo.** ADDRESS  25. DATE RECD. BY LOCAL REG. **6-6-61** 26. REGISTRAR'S SIGNATURE **J. E. Murphy M.D.**

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
*No Embalming*  
*Dr. Paul Fey Jr.*  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.