

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045804

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 397

AMENDED

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA</u>		c. CITY OR TOWN <u>SEDALIA</u>	
Length of stay in 1b: <u>74 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BOTHWELL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>1819 E. BROADWAY</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ETHEL</u> Middle <u>E.</u> Last <u>WITHERS</u>			4. DATE OF DEATH Month <u>DECEMBER</u> Day <u>21</u> Year <u>1961</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 19 1883</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOMEMAKING</u>		11. BIRTHPLACE (City and state or country) <u>ELSTON, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE STEIN</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES STADLER</u>	
14. NAME OF HUSBAND OR WIFE <u>FREDRICK O. WITHERS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-12-4277-D</u>	
17. INFORMANT <u>Mrs. Jeannette Stark</u>		Address <u>-1617 E. 9th, Sedalia, Mo.</u>		Interval between ONSET and DEATH <u>2 1/2 yrs</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Ovary</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>None</u>	
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20c. TIME OF INJURY Hour <u>6:40</u> a.m. <u>pm</u> Month, Day, Year <u>21 Dec 1961</u>		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.) <u>Sedalia, Mo.</u>	
20f. CITY, TOWN, OR LOCATION <u>SEDALIA, MO.</u>		COUNTY <u>PETTIS</u>		STATE <u>MISSOURI</u>	

21. I attended the deceased from <u>1959</u> to <u>21 Dec 1961</u> and last saw her alive on <u>21 Dec 61</u>		Death occurred at <u>6:40 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Daniel R. Edwards MD</u>		(Degree or title)		22b. ADDRESS <u>Sedalia, Mo.</u>	
22c. DATE SIGNED <u>21 Dec 61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC. 23, 1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEMETERY</u>		23d. LOCATION (City, town, or county) <u>SEDALIA, MO.</u>		(State) <u>MISSOURI</u>	

24. FUNERAL DIRECTOR <u>Richard B. Conn - Joplin, Mo.</u>		ADDRESS <u>Joplin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 26, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		(Licensed Embalmer's Statement on Reverse Side)			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

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 _____

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Lipton, Mo.

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.