

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027099

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 73

FILED AUG 14 1963

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

3. NAME OF DECEASED (Type or print) First James Middle Franklyn Last Withrow			4. DATE OF DEATH Month June Day 8 Year 1963	
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5. SEX M	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 11 44 18	9. AGE (last birthday) 11 25	IF UNDER 1 YEAR Months	IF UNDER 24 HR Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Hamburg, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Charles Withrow	13b. MOTHER'S MAIDEN NAME Stewart	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Charles G. Withrow, Thurman, Ia
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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"/> No <input type="checkbox"/> Unknown
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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.) Jumped off Nebr. City Bridge
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20c. TIME OF INJURY Hour June 5 63 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nebr. City Bridge	20f. CITY, TOWN, OR LOCATION Nebraska City,	COUNTY Otoe	STATE Nebr.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>D. J. Gallup</i> (Degree or title) Coroner	22b. ADDRESS Rock Port Mo	22c. DATE SIGNED 8-6-63
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 21	23c. NAME OF CEMETERY OR CREMATORY Thurman Cemetery	23d. LOCATION (City, town, or county) (State) Thurman, Iowa
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24. FUNERAL DIRECTOR BARTHOLOMEW MORTUARY	ADDRESS Rock Port, Mo.	25. DATE RECD. BY LOCAL REG. Aug 7, 1963	26. REGISTRAR'S SIGNATURE <i>Marvin H. Schoeler</i>
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(Licensed Embalmer's Statement on Reverse Side)

6 West. Corner

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED	AMENDED	INSTEAD OF	SHOULD READ	BY AFFIDAVIT OF
1 0030				
2 8140				
3				
4 0				
5 0				
6				
7 1				
8 2				
9 9775 X				
10				
11				
12 90-3				
13 10				

DOCUMENT

MEDICAL CERTIFICATION

OCT 22 1963

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 THIS BODY WAS NOT EMBALMED, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. B. Barchant*

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.