

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5882

BIRTH NO. 12451380-49 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 60

0941  
0

0941  
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>BONNE TERRE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LEADWOOD</b>	
c. LENGTH OF STAY (In this place) <b>7 Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ALBERT</b> c. (Last) <b>WITHROW</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 23 1950</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>AUGUST 25, 1949</b>	9. AGE (In years last birthday) Months Days <b>5 28</b>	10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>Bonne Terre, Mo.</b>	

13a. FATHER'S NAME <b>OSCAR WITHROW</b>		13b. MOTHER'S MAIDEN NAME <b>WILMA HELMS</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</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>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>OSCAR WITHROW LEADWOOD, MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>dehydration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES DUE TO (b) <b>diarrhea</b>		
	DUE TO (c) <b>otitis media</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5710</b>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-21-1950, to 2-23-1950, that I last saw the deceased alive on 2-23-1950, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Bryan H. Taylor MD</b>		23b. ADDRESS <b>Flat River, Mo.</b>		23c. DATE SIGNED <b>2-24-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/24/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LEADWOOD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>LEADWOOD, MO</b>	
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DATE REC'D BY LOCAL REG. <b>Feb. 25, 1950</b>		REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bert J. Bayer Leadwood, Mo.</b>	
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RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-305

**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 \_\_\_\_\_

*not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William E Boyer

Licensed Embalmer No. 4730

P. O. Address Leewood, 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 this body is not embalmed, fact should be so stated above.