

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28369**

FILED **AUG 31 1953**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>813</u>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Springfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1414 Summitt</b>				e. STREET ADDRESS (If rural, give location) <b>1414 Summitt</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAYME</b>		b. (Middle) <b>K.</b>		c. (Last) <b>WITHALL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 25, 1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 16, 1876</b>	
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>August A. Kriekenbaum</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Froeburg</b>	
13a. FATHER'S NAME <b>August A. Kriekenbaum</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Froeburg</b>		13c. NAME OF HUSBAND OR WIFE <b>Frank Withall</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Withall</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>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.W. Johnson Springfield 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Semility &amp; Cachexia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio Vascular</b> DUE TO (c) <b>Renal Disease</b>				INTERVAL BETWEEN ONSET AND DEATH	
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. HOW DID INJURY OCCUR?	
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 <b>Feb</b> , 19 <b>48</b> , to <b>Aug 14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Aug 14</b> , 19 <b>53</b> , and that death occurred at <b>1:30A.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arthur D. Knabb M.D.</b>				23b. ADDRESS <b>1630 N. Jefferson</b>		23c. DATE SIGNED <b>8-25-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-26-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis, Missouri</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-27-53</b>		REGISTRAR'S SIGNATURE <b>Fath Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Klingner &amp; Co. Springfield, Mo</b>			

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

SEP 1 2 1953  
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1954

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.....  
*Max D. Hood*

Licensed Embalmer No..... 407  
P. O. Address.....  
*Springfield*

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.