

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22106**

FILED JUL 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>818</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>5 wks</u>		c. CITY OR TOWN <u>Maryville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1605 No. Mulberry</u>				<u>0742</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VESTA</u>			b. (Middle) <u>CLYDELL</u>		c. (Last) <u>BITHOS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 15, 1954</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 7, 1900</u>		9. AGE (in years last birthday) <u>54</u> if UNDER 1 YEAR Months Days if UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>owner-operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Cleaning</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John C. White</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Egger</u>			14. NAME OF HUSBAND OR WIFE <u>Sam Bithos</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sam Bithos, Maryville, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patent ductus arteriosus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary atherosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>11 mos</u> <u>5 yrs</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7541</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>June 10, 1954</u> , to <u>July 15, 1954</u> , that I last saw the deceased alive on <u>July 15, 1954</u> and that death occurred at <u>9:50P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Type or title) <u>William H. Omer, MD</u>				23b. ADDRESS <u>902 Edmond St., City</u>			23c. DATE SIGNED <u>7-16-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 23, 1954</u>		REGISTRAR'S SIGNATURE <u>485</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home Maryville, Mo.</u>				

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

JUL 13 1962

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 *Curtis C. Kenney*.....

Licensed Embalmer No. *4936*

P. O. Address *Maryville,*

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.