

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008598

STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington township		c. CITY OR TOWN Golden City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. 3		d. STREET ADDRESS unk. (If outside, give location)	
Length of stay in lb 3--5--2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Sadie Middle V. Last Withers			4. DATE OF DEATH Month Feb. Day 18, Year 1958		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 16, 1866	9. AGE (In years less birthday) 91	10. FUNDER 1 YEAR Months 4 Day 2	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) / Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME C. S. Inman	13b. MOTHER'S MAIDEN NAME W. F. Walton	14. NAME OF HUSBAND OR WIFE Monroe Withers
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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. none	17. INFORMANT Admission papers	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease		INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atheromatous Sclerosis		
DUE TO (c) Senile Dementia		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Dementia		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.) --
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Golden City, Mo.	COUNTY Nevada	STATE Mo.
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21. I attended the deceased from **4-25-55** to **2-18-58** and last saw her/him alive on **2-18-58**
Death occurred at **7:50 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Allen Pickens</i>	22b. ADDRESS Allen Pickens, A. D., State Hosp. 3, Nevada, Mo.	22c. DATE SIGNED 2-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-21-58	23c. NAME OF CEMETERY OR CREMATORY Golden City Cemetery	23d. LOCATION (City, town, or county) (State) Golden City, Mo.
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24. FUNERAL DIRECTOR Phillips Funeral Home	ADDRESS Golden City, Mo.	25. DATE RECD. BY LOCAL REG. 2-24-1958	26. REGISTRAR'S SIGNATURE <i>Armed E. Ferry</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 8 1958

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 *H. Lowell Pugh*

Licensed Embalmer No. *4951*

P. O. Address *Golden City, 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.