

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035832

STATE FILE NUMBER

72-89-58
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Registration District No. 702 Primary Registration District No. 4134 Registrar's No. 138

5. 300
1-57

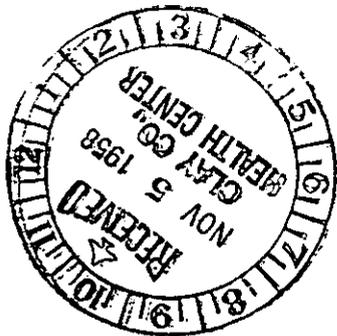
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PLATTE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSA		Length of stay in 1b 5 HRS.	d. STREET ADDRESS (If outside, give location) ROUTE 1
3. NAME OF DECEASED (Type or print) First BABY Middle WITHROW Last		4. DATE OF DEATH Month OCT. Day 27 Year 1958	
5. SEX M	6. COLOR OR RACE W.H.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 26, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 4 34
11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM WITHROW		13b. MOTHER'S MAIDEN NAME ROSE WYATT	14. NAME OF HUSBAND OR WIFE —
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 WILLIAM WITHROW, PLATTE CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral anoxia DUE TO (b) Pre maturity DUE TO (c) Abruption placenta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 1014 1/2 S		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10:30 P.M. to 2:50 AM and last saw her alive on 10/27/58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William Withrow		22b. ADDRESS Platte City, Mo	22c. DATE SIGNED 10/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10-27-58	23c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE CEM.
23d. LOCATION (City, town, or county) PLATTE COUNTY, MO.		23e. (State)	
24. FUNERAL DIRECTOR ROLLINS MITCHELL		25. DATE RECD. BY LOCAL REG. 11-27-58	26. REGISTRAR'S SIGNATURE Marguerite Ludwig

(Licensed Embalmer's Statement on Reverse Side)



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 Body was not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 4725
P. O. Address St. Louis, 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.