

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039689  
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 932

300  
1-57

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>                      |   |
| b. CITY OR TOWN <u>Clinton</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                               | c. CITY OR TOWN <u>Clinton</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Gen.</u>   |                               | d. STREET ADDRESS (If outside, give location) <u>316 N Water</u>  |   |
| Length of stay in lb <u>6 days</u>  |                               | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>WILLIAM</u> Middle <u>ERNEST</u> Last <u>WITHERSPOON</u>  |                               | 4. DATE OF DEATH<br>Month <u>Nov</u> Day <u>12</u> Year <u>1958</u>   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>May 31 1881</u>   |
| 9. AGE (In years last birthday) <u>77</u>   |                               | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>11</u>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>   |   |
| 11. BIRTHPLACE (City and state or country) <u>Henry County Mo</u>   |                               | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |   |
| 13a. FATHER'S NAME <u>John Alex Witherspoon</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Revernia Garland</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>none</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>491-20-6456</u>  |   |
| 17. INFORMANT <u>R L Witherspoon</u>  |                               | Address <u>Clinton Mo</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocarditis with Pulmonary Edema</u>  |                               |   | INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                               |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                               |   | 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |                               |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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  |                               | COUNTY  | STATE   |
| 21. I attended the deceased from <u>11-12-58</u> to <u>11-12-58</u> and last saw her/him alive on <u>11-12-58</u><br>Death occurred at <u>9:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |   |
| 22a. SIGNATURE <u>H. S. Walker, M.D.</u> (Degree or title)  |                               | 22b. ADDRESS: <u>Clinton Mo</u>   |   |
| 22c. DATE SIGNED <u>11-13-58</u>  |                               |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>11/14/58</u>     | 23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>   | 23d. LOCATION (City, town, or county) (State) <u>Henry County Mo</u>                              |
| 24. FUNERAL DIRECTOR <u>Schubert Funeral Home</u> ADDRESS <u>Clinton Mo</u>   |                               | 25. DATE RECD. BY LOCAL REG. <u>11-13-58</u>  | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms writ be listed.

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 \_\_\_\_\_

Licensed Embalmer No. 4513

P. O. Address Cleveland

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.