

BIRTH NO. 1966

FILE NO. DEATH COUNTY DOUGLAS *112-100* **STATE MISSOURI** **CITY/TOWN OR LOCATION ATCHISON**

CITY/TOWN OR LOCATION OMAHA **LENGTH OF STAY 18 days** **CITY/TOWN OR LOCATION TARCIO**

NAME OF HOSPITAL OR OTHER PLACE OF DEATH VETERANS ADMINISTRATION HOSPITAL **UNKNOWN**

DATE OF DEATH **1966** **Month SEPT** **Day 5** **Year 1966**

NAME OF DECEASED (Last, First, Middle) **FRANK BLAINE WITHROW** **DATE OF BIRTH 6-14-91** **AGE (In years, months, days)** **75**

SEX MALE **RACE WHITE** **MARRIED (M, F, W, MARRIED)** **WIDOWED** **DIVORCED** **NEVER MARRIED**

10. USUAL OCCUPATION (Give kind of work done during most of working life or (if retired) PHARMACIST, RET. **11. KIND OF BUSINESS OR INDUSTRY PHARMACY** **12. PLACE OF BIRTH (State or County) MISSOURI** **13. COUNTRY OF BIRTH (Country) USA**

14. FATHER'S NAME JOSEPH F. WITHROW **15. MOTHER'S MAIDEN NAME FLORENA MAE McIRAHAN** **16. NAME OF HUSBAND OR WIFE HELEN**

17. WAS DECEASED EVER IN U.S. ARMED FORCES? YES **18. SOCIAL SECURITY NO. 495 07 27 72** **19. INFORMATION VA HOSPITAL RECORDS, OMAHA, NEBRASKA**

18. CAUSE OF DEATH (Enter only one cause per list (a), (b) and (c))

(a) IMMEDIATE CAUSE (I) **TRANSITION** **INTERVAL BETWEEN ONSET AND DEATH 2 YEARS**

(b) SUBSEQUENT CAUSE (II) **BRONCHOGENIC CARCINOMA LEFT LOBE LOBE** **2 YEARS**

(c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE **PART II - IF FEMALE - WAS THERE A PREGNANCY IN THE PAST 6 MONTHS? YES NO** **19. WAS AUTOPSY PERFORMED? YES NO**

20. ACCIDENT () **21. HOMICIDE ()** **22. DESCRIBE HOW INJURY OCCURRED** **23. SIGNATURE (Print or Print and Sign)**

24. TIME OF DEATH **25. PLACE OF INJURY (If in or about home, give county, street, apt. No., etc.)** **26. CITY/TOWN OR LOCATION** **COUNTY** **STATE**

27. INJURY OCCURRED WHILE AT WORK? YES NO **28. PLACE OF INJURY (If in or about home, give county, street, apt. No., etc.)** **29. CITY/TOWN OR LOCATION** **COUNTY** **STATE**

30. VA attended the deceased from 8-19-66 to 9-5-66 and last saw him alive on 9-5-66 **Death occurred at 12:20 A.M. on the date stated above, and to the best of my knowledge, from the cause stated**

31. SIGNATURE **32. ADDRESS VETERANS ADMINISTRATION HOSPITAL - OMAHA - NEBRASKA** **33. DATE PERFORMED 9-6-66**

34. BURIAL () **35. PANZER H. D.** **36. NAME OF CEMETERY OR CREMATORY Local** **37. LOCATION (City, town or county) Tarcio Missouri**

38. DATE OF DEATH 9/5/66 **39. REGISTER'S SIGNATURE** **40. NAME OF MORTUARY Crosby Knudold Mort 24th St**

SEP 9 1966

MEDICAL CERTIFICATION