No. 300
10.48

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

FILED AUG 3 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22828

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5240 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Washington Twp.
c. LENGTH OF STAY (In this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Washington Twp.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mertilla
b. (Middle): L.
c. (Last): Webster

4. DATE OF DEATH (Month) (Day) (Year): July 18-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 1-1862
9. AGE (Last birthday): 86 — If under 1 year: Months 7, Days 17 — If under 24 hrs.: Hours, Min.
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 (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Reed
13b. MOTHER'S MAIDEN NAME: Sarah Walker
14. NAME OF HUSBAND OR WIFE: Alan Webster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: John Webster - Humansville Mo.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1946, *to* July 18, 1949, *that I last saw the deceased alive on* July 14, 1949, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Robinson M.D.
23b. ADDRESS: Humansville Mo.
23c. DATE SIGNED: 7/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20-1949
24c. NAME OF CEMETERY OR CREMATORY: Hickory Grove
24d. LOCATION (City, town, or county) (State): Cedar Co., Mo.

DATE REC'D BY LOCAL REG.: 7-22-1949
REGISTRAR'S SIGNATURE: Geneva Garrison
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: E. H. Grimm, Humansville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-49-92
Date Filed 8-2-49

SEP 25 1953 OCT 27 1950

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. 247 working under my personal supervision.

Student Wm. H. Northrop
Student Embalmer

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville,

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 this body is not embalmed, fact should be so stated above.