

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

190240
State File No. 31

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <i>Ste. Genevieve</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>STE Genevieve</i>	
b. CITY OR TOWN <i>Ozora - RURAL</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bauvis Township. 0950</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>OZORA, Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>OZORA, Mo.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>ROSIE</i> b. (Middle) <i>R.</i> c. (Last) <i>Webery</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 20 50</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	
8. DATE OF BIRTH <i>MAY 8, 1885</i>		9. AGE (In years last birthday) <i>65</i>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 24 HRS: Hours _____ Mins _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>OZORA, Mo. 0</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		

13a. FATHER'S NAME <i>XAVIER Lipp</i>		13b. MOTHER'S MAIDEN NAME <i>KATIE DALLAS</i>		14. NAME OF HUSBAND OR WIFE <i>Nicholas Webery</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Oliver Webery American X Co. Mo</i>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Uterus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i>			<i>?</i>
		DUE TO (c) <i>Arteriosclerosis</i>			<i>?</i>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>174X</i>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Dec. 10, 1949*, to *May 20, 1950*, that I last saw the deceased alive on *May 19, 1950*, and that death occurred at *12:45A m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ab. Lanning M.D.</i>		23b. ADDRESS <i>Ste. Genevieve Mo</i>		23c. DATE SIGNED <i>5/20/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>MAY 22 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>SACRED HEART Cem. OZORA</i>	
		24d. LOCATION (City, town, or county) (State) <i>MO</i>			

DATE REC'D BY LOCAL REG. <i>May 22, 1950</i>		REGISTRAR'S SIGNATURE <i>L. D. Karlperner M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Lea. Basler Ste. Genevieve Mo</i>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD--

0 950

RECEIVED

SEP 1 1955

DISTRICT HEALTH OFFICE No. 4

PH. NO. 550-722

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SEP 1 1 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Adrian J. Ehler

Signed.....

Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Denver, 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 this body is not embalmed, fact should be so stated above.