

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25920

FILED AUG 18 1950

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

X

413

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>207</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>59 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>1610</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nurse Home II</u>				d. STREET ADDRESS (If rural, give location) <u>La Plata Rt. 1</u>			
3. NAME OF DECEASED (First) <u>James</u>		b. (Middle) <u>a</u>		c. (Last) <u>Webber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>aug 3 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-23-1874</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Addison Webber</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Atteberg</u>		14. NAME OF HUSBAND OR WIFE <u>[check]</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elbert E. Webber La Plata, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxia</u>					<u>15 min.</u>
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Pulmonary Congestion</u>					<u>2 weeks</u>
		DUE TO (c) <u>Tuberculosis</u>					<u>5 years</u>
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					<u>5 mo.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DD2X</u>			
22. I hereby certify that I attended the deceased from <u>6/5</u> , 19 <u>50</u> , to <u>8/3</u> , 19 <u>50</u> that I last saw the deceased alive on <u>8/3</u> , 19 <u>50</u> , and that death occurred at <u>9:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Vincent J. Strangis</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>KIRKSVILLE MO</u>		23c. DATE SIGNED <u>Aug 3 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-7-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christie</u>		ADDRESS <u>La Plata Mo.</u>	

RECEIVED AUG 10 1950
District Health Officer No. 10
District File Number 8-50-1321
Date Filed AUG 17 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

working under my personal supervision.

Student Embalmer No.

Signed D. S. Christie

Signed.....
Student Embalmer

Licensed Embalmer No. 1109

P. O. Address La Plata 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.