

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36849

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5512</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Honey Creek</u>		c. LENGTH OF STAY (in this place) <u>7yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Honey Creek</u> <u>0420</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles West of Clinton</u>				d. STREET ADDRESS (If rural, give location) <u>12 Miles West of Clinton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerry</u>		b. (Middle) <u>Francis</u>		c. (Last) <u>Webster</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 9 1942</u>	
9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u> Hours <u>-</u> Min. <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school child</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Orville Webster</u>		13b. MOTHER'S MAIDEN NAME <u>Zelma Iiams</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>none</u>		14. NAME OF HUSBAND OR WIFE <u>Oliver Webster, Clinton, Mo.</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Orville Webster</u>				ADDRESS <u>Clinton, Missouri</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u> <u>59290</u> <u>20</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) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HONEYCREEK, HENRY, MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV. 27, 1950 6pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>ACCIDENTAL DROWNING</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD Coroner</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>28 Nov. 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 29 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 29 50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. D. E. [Signature] Clinton</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-4-58
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-4-58

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 _____
Student Embalmer

Signed *Paul W. [Signature]*

Licensed Embalmer No. 4510

P. O. Address *Clinton, 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.