

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 5110
Registrar's No. 39

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		State File No. 5110	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. LENGTH OF STAY (in this place) 40yr		c. CITY (If outside corporate limits, write RURAL and give township) Webb City		0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION 123 N. Ball				d. STREET ADDRESS (If rural, give location) 123 N. Ball St.			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) S. c. (Last) WEBSTER			4. DATE OF DEATH (Month) (Day) (Year) February 26, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1868		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Shoe		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Webster		13b. MOTHER'S MAIDEN NAME Elizabeth Sample		14. NAME OF HUSBAND OR WIFE Mattie R. Webster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. [check]	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mattie R. Webster Webb City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericarditis - auricular fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis. - DUE TO (c) Coronary arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 days + 1/2 4 days. ? 4201
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., to 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 <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 3-8, 1950, to 2-26, 1951, that I last saw the deceased alive on 2-25, 1951, and that death occurred at 12:15A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature] MD				23b. ADDRESS Webb City Mo		23c. DATE SIGNED 2/27/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-51	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri		
DATE REC'D BY LOCAL REG. 2628-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3/6/51
Jasper County Health Office

County File Number 51-2-184

Date Filed 3/6/51

SEP 16 1953

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 *Richard Gray Lewis*

Signed.....
Student Embalmer

Licensed Embalmer No. *4405*

P. O. Address *Wells City 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.