

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30846

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1011

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 8 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1910 S. 24th St.		d. STREET ADDRESS (If rural, give location) 1910 S. 24th St.			

3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Elmer			c. (Last) Webster			4. DATE OF DEATH (Month) (Day) (Year) September 20, 1952		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH September 28, 1867		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. barber		10b. KIND OF BUSINESS OR INDUSTRY barber shop		11. BIRTHPLACE (State or foreign country) Detroit, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Norman C. Webster		13b. MOTHER'S MAIDEN NAME Cecia Ann Casteel		14. NAME OF HUSBAND OR WIFE Laura	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lester McKee, 1910 S. 24th, St. Joseph, Mo		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia				INTERVAL BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urinary retention				2 wks	
		DUE TO (c) Prostatic Hypertrophy				6 mo	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 610X				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)	
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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?	
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22. I hereby certify that I attended the deceased from 27 July, 1952, to 20 Sept, 1952, that I last saw the deceased alive on 20 Sept, 1952, and that death occurred at 1:21 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence D. ... MD		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 20 Sept 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 9/22/1952		24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
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DATE REC'D BY LOCAL REG. Sept 25, 1952		REGISTRAR'S SIGNATURE Carl C. Cady		25. FUNERAL DIRECTOR'S SIGNATURE Newton Bowman Funeral Home		ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

1117

S. No. 300
V. 10.48

SEP 29 1952

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 George W. Carter

Licensed Embalmer No. 4814

P. O. Address. 319 S. 10th

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.