

FILED SEP 15 1953.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28928

4281

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		
c. LENGTH OF STAY (In this place) <u>1950</u>		d. STREET ADDRESS (If rural, give location) <u>247 East 73rd St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>				
3. NAME OF DECEASED a. (First) <u>Jerome Thomas</u>		b. (Middle) <u>Webster</u>		c. (Last) _____
4. DATE OF DEATH <u>Aug. 30, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Sept. 29, 1885</u>	
9. AGE (In years last birthday) <u>67 years</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Manager - Foreign Dept. Cudahy Packing - K.C. Mo.</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thos. Carr Webster</u>		13b. MOTHER'S MAIDEN NAME <u>Lulu Boarman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Lybbe Webster</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>322-07-6546</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Laura Webster</u> ADDRESS <u>247 East 73rd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforation ulcer of splenic flexure colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8/25/53</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Ulcerative Colitis</u>		<u>5 yr</u>
		DUE TO (b) _____		<u>6722</u>
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <u>8/25/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated ulcer of colon - peritonitis</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____
22. I hereby certify that I attended the deceased from <u>1950</u> to <u>8/30, 1953</u> that I last saw the deceased alive on <u>8/30, 1953</u> and that death occurred at <u>4:30 PM</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>Lyle B. Willis M.D.</u> (Degree or title)			23b. ADDRESS <u>1103 Grand Ave</u>	
23c. DATE SIGNED <u>8/31/53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Manitowoc, Wis. Cemetery Manitowoc, Wis.</u>
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. E. Quirk</u> ADDRESS <u>4316 Troost Ave.</u>		
DATE REC'D BY LOCAL REG. <u>8-31-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.