

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35170**

0130

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

FILED OCT 26 1953

BIRTH NO.		REG. DIST. NO. <u>44</u>	PRIMARY REG. DIST. NO. <u>5148</u>	Registrar's No. <u>36</u>
1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell		
b. CITY (If outside corporate limits, write RURAL and give township) Cowgill		c. LENGTH OF STAY (In this place) 0yrs.	c. CITY (If outside corporate limits, write RURAL and give township) rural, Lincoln Twn. 0130 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION rural; Lincoln Twn.		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Reta		b. (Middle)	c. (Last) Webster	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) married		8. DATE OF BIRTH Mar. 27, 1908
9. AGE (In years (last birthday) 45yrs.)		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Braymer, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME Will E. Carter		13b. MOTHER'S MAIDEN NAME Ethel Welker		14. NAME OF HUSBAND OR WIFE William C. Webster
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. 499-18-5367		17. INFORMANT'S SIGNATURE OR NAME William C. Webster ADDRESS Cowgill, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rt Breast</u> <u>2 yrs</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		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rt Breast</u> <u>170X</u>		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?
22. I hereby certify that I attended the deceased from <u>July 3, 1953</u> , to <u>Sept 26, 1953</u> , that I last saw the deceased alive on <u>Sept 25, 1953</u> , and that death occurred at <u>2:55p.m.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>Chas Wilson</u> (Degree or title) MD		23b. ADDRESS Polo, Mo.		23c. DATE SIGNED <u>Sept 27 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>Oct 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetary	24d. LOCATION (City, town, or county) (State) Cowgill, Missouri
DATE REC'D BY LOCAL REG. 10-15-53		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u> 373		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mead Funeral Service</u> ADDRESS Braymer, Mo

STATEMENT BY LICENSED EMBALMER

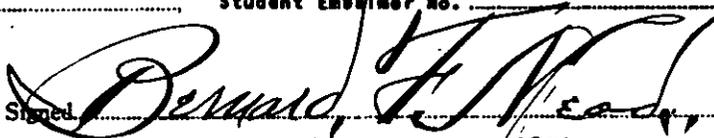
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri,

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.