

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4158

State File No.

BIRTH NO. Filled MAR 11 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville, Rural</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>	c. CITY OR TOWN <u>Neelyville,</u>
d. FULL NAME (If not in hospital or institution, give street address or location) OF HOSPITAL OR INSTITUTION <u>Residence, Neelyville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>Rt. 1.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bessie</u>	b. (Middle) <u>*</u>	c. (Last) <u>Webber</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 7, 1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR (Month) (Day) <u>1 24</u>	IF UNDER 24 HRS. (Hours) (Min.) <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ripley County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Albert Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Allie McCraw</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ava Dollins,</u>	ADDRESS <u>Neelyville, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>Undetermined</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u>		
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>331 X</u>	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) (Min.)	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 Jan. 31, 1954 to March 1, 1954, that I last saw the deceased alive on Feb. 26, 1954, and that death occurred at 8:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Smith,</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Box 328, Neelyville, Mo.</u>	23c. DATE SIGNED <u>3-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McKinsey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Neelyville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/4/54</u>	REGISTRAR'S SIGNATURE <u>R. H. Neichel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RUSSELL-ERMERT</u>	ADDRESS <u>FUN. HOME, CORNING, ARK.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0120

0120

RECEIVED

MAR 10 1954
BUTLER CO. HEALTH CENTER

FILE No. _____

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 ME Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Richard O. Erme*

Licensed Embalmer No. 782

P. O. Address Corning, Ar

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.