

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **4167**

0130

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

BIRTH NO. <b>FILED MAR 5 1954</b>		REG. DIST. NO. <b>44</b>		PRIMARY REG. DIST. NO. <b>5148</b>		Registrar's No. <b>7</b>				
1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lincoln, rural</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lincoln, rural</b>		d. STREET ADDRESS (If rural, give location) <b>0130</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b>			b. (Middle)		c. (Last) <b>Webster</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 25 54</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>2-12-1896</b>		9. AGE (In years last birthday) <b>58</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b> IF UNDER 42 Hrs. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Russell, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Daniel Webster</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Silvey</b>			14. NAME OF HUSBAND OR WIFE <b>Louise Webster</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give year or dates of service) <b>World War I</b>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Louise Webster, Cowgill, Mo.</b>			ADDRESS	
18. CAUSE OF DEATH PER 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) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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.						20. AUTOPSY? YES <input 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>June 14, 1954</b> , to <b>Feb. 25, 1954</b> , that I last saw the deceased alive on <b>Feb. 25, 1954</b> , and that death occurred at <b>8:30 p.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>O.C. Kilbourn M.D.</b> (Degree or title)					23b. ADDRESS <b>Cowgill, Mo.</b>			23c. DATE SIGNED <b>2-26-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2-28-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cowgill Cemetery,</b>			24d. LOCATION (City, town, or county) (State) <b>Cowgill, Mo</b>			
DATE REC'D BY LOCAL REG. <b>3-3-54</b>		REGISTRAR'S SIGNATURE <b>499-0</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Cramer Clark, Kingston, Mo.</b> ADDRESS					

(Excluded Examinee's Statement on Reverse Side)

MAR 19 1957

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FILE

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.