

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11943**

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Iron</u>			2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>		c. LENGTH OF STAY (In this place) <u>17 days</u>	c. CITY OR TOWN		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys of Ozark</u>			e. STREET ADDRESS (If rural, give location) <u>Rural Near Potosi</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Earnest</u> c. (Last) <u>Webber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20-54</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 11 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Valentine Webber</u>		13b. FATHER'S MAIDEN NAME <u>Leathorne Link</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Worothy McFarland, Potosi, Mo.</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bilateral bronchial pneumonia</u>		ACUTE ANTECEDENT CAUSES			<u>2 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		acute naso-pharyngitis			<u>5 days</u>
DUE TO (b) <u>cerebral hemorrhage</u>		DUE TO (c) <u>with left paraplegia</u>			<u>18 days</u>
II. OTHER SIGNIFICANT CONDITIONS		<u>hypertension</u>			<u>?</u>
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"/>	
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 4-2-54, 1954, to 4-20-54, 1954, that I last saw the deceased alive on 4-20-54, 1954, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. E. Harland, M.D. 23b. ADDRESS Ironton, Missouri 23c. DATE SIGNED 4-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-22-54 24c. NAME OF CEMETERY OR CREMATORY Potosi Masonic Co. Potosi Mo. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4-24-54 REGISTRAR'S SIGNATURE Mrs. Avis Jones 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Spahr ADDRESS Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

470

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.....
Signature of Student Embalmer

Signed *Murphy Sparke*.....

Licensed Embalmer No. *4225*.....

P. O. Address *Flat Room*.....

**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.**