

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21892

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i>		b. COUNTY <i>Taney</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Washington Twp</i>		c. LENGTH OF STAY (in this place) <i>3 1/2 mo 26 days</i>		c. CITY OR TOWN <i>Branson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp No 3, Nevada Mo</i>		e. STREET ADDRESS (If rural, give location) <i>Star Route</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Robert</i> b. (Middle) <i>Eugene</i> c. (Last) <i>Webster</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 28 1954</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>Jan 11 1935</i>		9. AGE (In years last birthday) <i>19</i> Months <i>3</i> Days <i>17</i>		10. IF UNDER 1 YEAR OF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Taney Co, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Charles Webster</i>		13b. MOTHER'S MAIDEN NAME <i>Velma - David</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Records State Hosp No 3</i>		ADDRESS <i>Nevada Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Septic Meningo Encephalitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. <i>Psychosis with Mental Deficiency</i>		<i>3 yrs</i>			
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> WHILE AT HOME <input type="checkbox"/> WHILE ON TRAVEL <input type="checkbox"/> <i>None</i>		21f. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>Oct 26 1927</i> , to <i>June 28 1954</i> , that I last saw the deceased alive on <i>June 28 1954</i> , and that death occurred at <i>11:22 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Dr. Webster Rogge M.D.</i>		(Degree or title)		23b. ADDRESS <i>State Hosp No 3 Nevada Mo</i>	
23c. DATE SIGNED <i>June 29 1954</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>June 29 1954</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Local cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Branson Mo</i>			
DATE REC'D BY LOCAL REG. <i>6-30-54</i>		REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ferry Funeral Home Nevada, Mo.</i>	

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

0802

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 S. Douglas Perry..... Student Embalmer No. 49..... working under my personal supervision..

Student S. Douglas Perry
Signature of Student Embalmer

Signed P. B. Fry.....

Licensed Embalmer No. 176.....

P. O. Address Nevada.....

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.