No. 300
10-48

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

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30335

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 919

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place): 24HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOHNS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOWELL
c. CITY OR TOWN: WEST PLAINS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): X

0461

3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle):
c. (Last): WEBSTER

4. DATE OF DEATH (Month) (Day) (Year): OCT, 3, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAR, 24, 1881
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): UNKNOWN
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: N. F. DOUGLAS
13b. MOTHER'S MAIDEN NAME: MARY JOSEPHINE ROBINSON
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS RUTH NEWELL — ADDRESS: WEST PLAINS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION OF MYOCARDIUM DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 12 HOURS.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE.
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: 443X
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 2, 1954, *to* OCT. 3, 1954, *that I last saw the deceased alive on* OCT. 2, 1954, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn O. T. [illegible], M.D.
23b. ADDRESS: Springfield, Mo.
23c. DATE SIGNED: 10/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/5/54
24c. NAME OF CEMETERY OR CREMATORY: NEW SALEM CEMETERY
24d. LOCATION (City, town, or county) (State): WEST PLAINS, MO (NEAR)

DATE REC'D BY LOCAL REG.: 10-5-54
REGISTRAR'S SIGNATURE: Ruth Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: HERMAN LOHMEYER — **ADDRESS**: SPRINGFIELD, MO

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lucien T. Swadley

Licensed Embalmer No. 4615

P. O. Address Springfi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.