

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42045

State File No.

FILED DEC. 29 1954

BIRTH NO.		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>6012</u>		Registrar's No. <u>102</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Chariton Township</u>)		c. LENGTH OF STAY (in this place) <u>43 yrs.</u>		c. CITY OR TOWN <u>Chariton Rural-Township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Thomas Hill</u>				STREET ADDRESS (If rural, give location) <u>near Thomas Hill</u> <u>0880</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Dean</u> c. (Last) <u>Webster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 15 1954</u>						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>August 29, 1876</u>			
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Joseph Wolverton</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Willard T. Webster</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard T. Webster; R#1; Clifton Hill, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				DUPLICATE (b) <u>Hypertensive Heart Disease</u>				<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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.				DUPLICATE (c) <u>blomculophitis</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				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)		<u>592 X</u>			
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?					
22. I hereby certify that I attended the deceased from <u>12-10</u> , 19 <u>54</u> , to <u>12-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-11</u> , 19 <u>54</u> , and that death occurred at <u>11:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>B. Noel Davis D.O.</u>				23b. ADDRESS <u>Clifton Hill</u>		23c. DATE SIGNED <u>12-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Darksville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-19-54</u>		REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>		ADDRESS <u>Huntsville</u>			

(Licensed Embalmer's Statement on Reverse Side)

MO

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

0.300
0.48

30

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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..... *Tom B Patton*

Licensed Embalmer No. *391*

P. O. Address *Huntsville*

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.