

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1955

State File No. _____

Registrar's No. 153

BIRTH NO. _____

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. _____

3007

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
d. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Poplar Bluff</u>	
c. LENGTH OF STAY (In this place) <u>10 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>804 Grand Ave.</u>	
3. NAME OF DECEASED a. (First) <u>Elizabeth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1955</u>	
b. (Middle) <u>Salome</u>		c. (Last) <u>Webster</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>July 29, 1881</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>	
IF UNDER 6 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Puxico, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William R. Welch</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Franklin A. 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 <u>Franklin A. Webster</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	
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) <u>Concussion, Cerebral</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shock - Traumatic</u>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) <u>Fracture both Femurs Distal third, Complete</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Shock</u>			
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>Poplar Bluff, Missouri</u>			
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 <u>1/16</u> , 19 <u>55</u> , to <u>1/26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/26</u> , 19 <u>55</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank R. Dunell M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Missouri</u>	
23c. DATE SIGNED <u>2-3-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/89</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Corning Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Corning, Arkansas</u>	
DATE RECEIVED BY LOCAL REG. <u>2/17/55</u>		REGISTRAR'S SIGNATURE <u>G. D. Mustree</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell-Ermert</u>		ADDRESS <u>Corning, Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 20 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

JAN 22 1958

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 _____-Me-----, Student Embalmer No. working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Richard O. Emme*

Licensed Embalmer No. 782

P. O. Address Corning, Arl

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.