

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14536**

FILED JUN 1 1955

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Granger	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION K. O. H. Hospital		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) William c. (Last) Webster			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1955			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Dec. 6, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> Clark Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME James Webster	13b. MOTHER'S MAIDEN NAME Anna Bergman	14. NAME OF HUSBAND OR WIFE L
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fay Searight, Granger, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST circulatory collapse		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) uremic acidosis DUE TO (c) Kimmelstiel-Wilson Syndrome		
19. 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) 260X
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 **May 17 1955**, to **May 18 1955**, that I last saw the deceased alive on **May 18 1955**, and that death occurred at **1:55P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David W. Boone M.D.	23b. ADDRESS Kirksville, Missouri	23c. DATE SIGNED 5/20/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Granger	24d. LOCATION (City, town, or county) (State) Granger, Missouri
DATE REC'D BY LOCAL REG. 5-23-55	REGISTRAR'S SIGNATURE Kate Lambert 1-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lucy G. Baskett Memphis	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. Fred York*
Licensed Embalmer No.

P. O. Address

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.