

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14650

State File No.

BIRTH NO. 284 20941-55 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Columbia Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>305 Christann C. Ave</u>	c. LENGTH OF STAY (in this place) <u>1488</u>	c. CITY OR TOWN <u>Columbia</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>Boone County Hospital</u>		STREET ADDRESS (If rural, give location) <u>305 Christann C. Ave. 0105</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayne</u> b. (Middle) <u>Allen</u> c. (Last) <u>Webber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>May 6, 1955</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Donald Webber</u>	13b. MOTHER'S MAIDEN NAME <u>Shirley Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald Webber, Columbia, 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		INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS</u> <u>SELF-EXPLANATORY</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHO-PNEUMONIA (ASPIRATION)</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>PYLORIC STENOSIS (CONGENITAL)</u> DUE TO (c) <u>---</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 <u>2560</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 7 MAY, 1955, to 20 MAY, 1955, that I last saw the deceased alive on 19 MAY, 1955, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles A. Leech M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>20 May 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/21/1955</u>	24c. NAME OF CEMETERY <u>LaPlata</u>	24d. LOCATION (City, town, or county) (State) <u>LaPlata, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 20 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. R & Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Memorial Funeral Home, Columbia, Mo</u>	ADDRESS <u>---</u>
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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 not embalmed

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

working under my personal supervision..

Student

Signature of Student Embalmer

Signed Lynman H. Sprinkle

Licensed Embalmer No. 4017

P. O. Address Columbia

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.