

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14845

State File No.

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4070 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Town of Stoutland Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In town of Stoutland Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ENOCH</u>	b. (Middle) <u>SPENCER</u>	c. (Last) <u>WEBSTER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>June 8 1955</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar-2-1874</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>81</u>	<u>3</u> Months	<u>6</u> Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co, near Naha, Iowa Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Spencer Webster</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Carvies</u>	14. NAME OF HUSBAND OR WIFE <u>Esther Webster</u>
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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>Mrs Esther Webster</u>	ADDRESS <u>Stoutland Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>his age</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stoutland Camden Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from Jan 1, 1934, to June 8, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 5:2 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Easton M.D.</u>	23b. ADDRESS <u>Stoutland, Mo</u>	23c. DATE SIGNED <u>6-8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 9-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillhouse Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Stoutland Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 10-1955</u>	REGISTRAR'S SIGNATURE <u>Zilpha Inaw 42-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Evans</u>	ADDRESS <u>Stoutland Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Harvey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

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 this body is not embalmed, fact should be so stated above.