

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30105**

FILED OCT 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Rural (Bedford Twp)</b>	c. LENGTH OF STAY (If this place) <b>Life</b>	c. CITY OR TOWN <b>Troy</b>	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 <b>Farm Residence</b>		a. STREET ADDRESS (If rural, give location) <b>Rural (Bedford Twp)</b> <b>0570</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lena</b>	b. (Middle) <b>Shelton</b>	c. (Last) <b>Webster</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 25, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 12, 1890</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>65</b>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Abner Shelton</b>	13b. MOTHER'S MAIDEN NAME <b>Kitty Wells</b>	14. NAME OF HUSBAND OR WIFE <b>Harrison Webster</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harrison Webster Troy, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>  <b>years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident.</b>	DUE TO (b) <b>Hypertension</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7/27**, 19**54**, to **9/25**, 19**55**, that I last saw the deceased alive on **9/6**, 19**55**, and that death occurred at **1:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Norman K. Muschany M.D.</b>	23b. ADDRESS <b>Troy Missouri</b>	23c. DATE SIGNED <b>9/26/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/27/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Troy Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Troy, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>10-8-1955</b>	REGISTRAR'S SIGNATURE <b>Emma B. Riddle 162</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kemper Funeral Home Troy, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48  
570  
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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.....  
Licensed Embalmer No..3932..

P. O. Address..Troy,..Missouri

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.