

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8862**

No. 300
10.48
C.H. Cullers
FILED MAR 22 1956

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5476** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Grundy (Lincoln Twsp.) b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton R.F.D. #6 c. LENGTH OF STAY (in this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy c. CITY OR TOWN Trenton Rt. 6 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) B.F.D. #6 Trenton Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Fillmore c. (Last) Webster		4. DATE OF DEATH (Month) (Day) (Year) March 14 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 16, 1896
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Farmer		11. BIRTHPLACE (City and State or Foreign Country) Grundy County	
13a. FATHER'S NAME James M. Webster		13b. MOTHER'S MAIDEN NAME Mary Ratliff	
14. NAME OF HUSBAND OR WIFE Pearl Webster		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. 565-38-7714		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Webster Trenton Mo. Rt. 6	
MEDICAL CERTIFICATION			
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) Coronary Thrombosis ANTECEDENT CAUSES: Coronary Insufficiency (Disease) DUE TO (b) About 1 yr. DUE TO (c) _____ 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 4201	
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)			
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 Jan. 1955, to March 14, 1956, that I last saw the deceased alive on Feb. 9, 1956, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C.H. Cullers M.D.		23b. ADDRESS Trenton Mo.	
23c. DATE SIGNED 3-15-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 16-56	
24c. NAME OF CEMETERY OR CREMATORY Salem Cemetary		24d. LOCATION (City, town, or county) (State) Trenton, Mo. RT. 6	
DATE REC'D BY LOCAL REG. 3-16-56		REGISTRAR'S SIGNATURE Chas. W. Gipson	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. W. Gipson Trenton, Mo.			

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

115-0

MAR 22 1956

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 *Carl Keeney*

Licensed Embalmer No. *351*

P. O. Address *Trenton*

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.