

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5432

12878

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Rural Meramec</b>		c. LENGTH OF STAY (In this place) <b>8 months</b>		c. CITY OR TOWN <b>Sullivan</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Van Deren nursing home</b>				• STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fletcher</b> b. (Middle) <b>O</b> c. (Last) <b>Webster</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 13 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 30 1884</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>13</b>		IF UNDER 24 HRS. Hours <b>13</b> Min.			
10a. USUAL OCCUPATION (Give kind of work when deceased out of establishment) <b>Mining engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Webster.</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Gladys Webster</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>495 26 6757</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Van Deren Nursing Home Stanton.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 Days</b>	
19a. 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) <b>4221</b>			
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 <b>April 12, 1955</b> , to <b>April 13, 1956</b> , that I last saw the deceased alive on <b>April 12, 1956</b> , and that death occurred at <b>6:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert M. Crawford, M.D.</b>				23b. ADDRESS <b>Sullivan Mo.</b>		23c. DATE SIGNED <b>4-17-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 17, 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Buffalo</b>		24d. LOCATION (City, town, or county) (State) <b>Sullivan Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/17/56</b>		REGISTRAR'S SIGNATURE <b>Thomas A. Humphrey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Phoo. P. Shaffer</b>		ADDRESS <b>Sullivan</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*Phos. P. Shaffer*

Licensed Embalmer No. *269*

P. O. Address *Fullerton*

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.