

FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 142339  
142339  
Registrar's No. 63

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 4409		State File No. 142339	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission)			
a. COUNTY Phelps		a. STATE Mo		b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newburg			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 080			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) WILLIAM	b. (Middle) HENRY	c. (Last) WEBSTER	Month	Day	Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17 1891	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hour
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Arlington Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Harry Webster		13b. MOTHER'S MAIDEN NAME Nancy Andres		14. NAME OF HUSBAND OR WIFE Dollie Webster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dollie Webster Newburg Mo.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe debility, nephritis & Cardiovascular renal disease					6 months
		ANTECEDENT CAUSES (b) DUE TO (b) Disease					
		DUE TO (c) Severe hypertrophy of prostate					
		II. OTHER SIGNIFICANT CONDITIONS (c) Severe hypertrophy of prostate					
		Conditions contributing to the death but not related to the disease or condition causing death.					
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)			
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 16, 1956, to April 6, 1956, that I last saw the deceased alive on April 6, 1956, and that death occurred at 5:00 AM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard C. Myers D.D.				23b. ADDRESS Newburg, Mo.		23c. DATE SIGNED April 6, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 8 - 1956	24c. NAME OF CEMETERY OR CREMATORY Millcreek		24d. LOCATION (City, town, or county) (State) Newburg Mo		
DATE REC'D BY LOCAL REG. Apr 9, 1956		REGISTRAR'S SIGNATURE Nadene L. Stoeck		25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson		ADDRESS Newburg Mo	

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 389

Date Filed APR 2 1952

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

*Leo Johnson*

Licensed Embalmer No. 3342

P. O. Address Newburg 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.