

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17137**  
Registrar's No. **38**

FILED JUN 12 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352**

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Morgan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles</b>   |  |
| c. LENGTH OF STAY (In this place) <b>Lifetime</b>  |  | d. STREET ADDRESS (If rural, give location) <b>315 N. Fisher</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>315 N. Fisher</b>                                   |  |  |  |

|   |                               |   |  |   |  |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>William</b> b. (Middle) <b>Watson</b> c. (Last) <b>Webster</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 5, 1956</b> |   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Nov. 1, 1872</b>                         | 9. AGE (In years) (Months) (Days) <b>83 7 4</b>       | IF UNDER 14 YEARS Hours Min.                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>           |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>                      |  | 11. BIRTHPLACE (State or foreign country) <b>Ohio</b> |  |
| 13a. FATHER'S NAME <b>John W. Webster</b>   |                               |   | 13b. MOTHER'S MAIDEN NAME <b>Olive Helleringer</b>           |   | 14. NAME OF HUSBAND OR WIFE <b>Alice Webster</b> |

|  |  |                                     |   |  |  |
|--|--|-------------------------------------|---|--|--|
| 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<br><b>Mrs Willie Silver Versailles, Mo.</b> |  |  |
|--|--|-------------------------------------|---|--|--|

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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dissecting Aneurysm Abdominal Aorta</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>30 hrs</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Multiple Aneurysm Arterial</b> |  | <b>3 or 4 yrs</b>                              |
|   | DUE TO (c) <b>Arteriosclerotic heart disease</b>  |  | <b>4 or 5 yrs?</b>                             |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

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| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION<br><b>Dissecting Aneurysm Popliteal Artery 451x</b>                   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b> | 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) m. | 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 **1945** to **6-5, 1956**, that I last saw the deceased alive on **6-5, 1956** and that death occurred at **2:00** a.m., from the causes and on the date stated above.

|  |                                     |   |
|--|-------------------------------------|---|
| 23a. SIGNATURE (Degree or title) <b>J. L. Washburn M.D.</b>          | 23b. ADDRESS <b>Versailles, Mo.</b> | 23c. DATE SIGNED <b>6/7/56</b>                                |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>              | 24b. DATE <b>18 June 56</b>         | 24c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery</b> |
| 24d. LOCATION (City, town, or county) (State) <b>Versailles, Mo.</b> |                                     |   |

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG. <b>6-7-56</b> | REGISTRAR'S SIGNATURE <b>J. L. Washburn</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>W. F. Kibull Versailles, Mo.</b> |
|--|---|---|

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

*Raymond C. Foster*

Licensed Embalmer No. *4626*

P. O. Address *Versailles, 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.