

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33331

State File No.

FILED OCT 29 1956

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5180</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Camden</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Warren Township</u>		c. CITY OR TOWN <u>Near Deaturville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eldredge Rural Route</u>		e. STREET ADDRESS (If rural, give location) <u>Eldredge Rural Route</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Thomas</u>		b. (Middle)		c. (Last) <u>Webster</u>		Month (Day) (Year) <u>Oct 23 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 7-1876</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>1</u>		11. DAYS <u>16</u>		12. IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Camden County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>W. H. Webster</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Garrison</u>		14. NAME OF HUSBAND OR WIFE <u>Jane Webster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jane Webster</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
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 <u>Oct 19 1956</u> to <u>Oct 23 1956</u> , that I last saw the deceased alive on <u>Oct 1</u> , 19 <u>56</u> , and that death occurred at <u>3:50</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. G. Lombard M.D.</u>				23b. ADDRESS <u>Camden, Mo</u>		23c. DATE SIGNED <u>10-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 25-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Orlb</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>	
DATE REC'D BY LOCAL REG <u>Oct. 24-1956</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolley</u> ADDRESS <u>Camden, Mo</u>			

(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..... *Robert H. Reed*

Licensed Embalmer No. *3745*

P. O. Address *Camden*

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.