

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16896

State File No. ....

FILED MAY 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>WEST PLAINS,</b>		c. CITY OR TOWN <b>WEST PLAINS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>RTE. #</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>X</b>			

3. NAME OF DECEASED (Type or Print) <b>EDWARD BRINKMAN WEBER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-12-57</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>10-6-1882</b>	9. AGE (In years) (If under 1 year last birthday) Months Days Hours Min. <b>74 yrs., 7 6i</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER-PAPERHANGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LEHIGH, KS.,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>JACOB WEBER</b>		13b. MOTHER'S MAIDEN NAME <b>MARIA BRINKMAN</b>		14. NAME OF HUSBAND OR WIFE <b>RUBY WEBER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>X</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>RUBY WEBER, WEST PLAINS, MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic glomerulonephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) <b>-</b> DUE TO (c) <b>Uremia</b>		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>2 weeks</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>592x</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 March, 1957, to May, 1957, that I last saw the deceased alive on May, 1957, and that death occurred at 11:15 PM from the causes and on the date stated above.

23a. SIGNATURE <b>M. L. Fowler</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>West Plains</b>		23c. DATE SIGNED <b>5/16/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>5-15-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>		24d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, MO</b>		

DATE REC'D BY LOCAL REG. <b>5-24-57</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ROBERTSONS, WEST PLAINS, MO</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10-48

379

JUL 12 1961

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 *J. S. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Hill*

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.