

S. No. 300
V. 10.48

FILED SEP 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29511
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4070</u> Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland Mo</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland Mo</u>		17
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoutland Mo</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>FLORENCE</u> c. (Last) <u>WEBSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 1949</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 21, 1873</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Barr</u>		13b. MOTHER'S MAIDEN NAME <u>Alvina Clairborn</u>	14. NAME OF HUSBAND OR WIFE <u>John Webster</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lavin Webster, Burton Kansas</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fell in a washing tub</u> DUE TO (c) <u>probably fainting due to high blood pressure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>89290</u> <u>27</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at her house</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stoutland Camden Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 13 1949 7 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on clove steps</u> 15		
22. I hereby certify that I attended the deceased from <u>Wednesday, Sept 8, 1949</u> to <u>Sept 13, 1949</u> , that I last saw the deceased alive on <u>Sept 8, 1949</u> , and that death occurred at <u>about 8:30 a.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. E. Proctor M.D.</u>			23b. ADDRESS <u>Stoutland Mo</u>		23c. DATE SIGNED <u>Sept 14-49</u>
24a. BURIAL, CREMATION, REMOVAL (By what?) <u>burial</u>	24b. DATE <u>Sept. 15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Stoutland, Camden, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 15-1949</u>		REGISTRAR'S SIGNATURE <u>Zilpha Traw</u> 42		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wingel Egan Stoutland Mo</u>	

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

RECEIVED
District Health Officer No. 7,
District File Number 249-1126
Date Filed 9-20-49

MAR 21 1951

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.