

No. 300
10.48

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11773**

1170

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

BIRTH NO. _____		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 6264		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY Douglas Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas Webster					
b. CITY OR TOWN Seymour R, Hazelwood		c. LENGTH OF STAY (in this place) 70		c. CITY OR TOWN Seymour Rural Hazelwood		d. STREET ADDRESS (If rural, give location) 1170			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) Webster Jacob b. (Middle) Smile c. (Last) Denney			4. DATE OF DEATH (Month) (Day) (Year) 3-9-50						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-21-79			
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.		11. BIRTHPLACE (State or foreign country) 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Ben Denney			13b. MOTHER'S MAIDEN NAME Lottie Goss			14. NAME OF HUSBAND OR WIFE Lottie Denney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. E. Whitacre Ava, Missouri					
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) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac asthma DUE TO (c) Pulmonary asthma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Years of Asthma frail constitution				INTERVAL BETWEEN ONSET AND DEATH 24HX	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 3-6 , 19 50 , to 3-9 , 19 50 , that I last saw the deceased alive on 3-8 , 19 50 , and that death occurred at 4: A , m., from the causes and on the date stated above.					
23a. SIGNATURE C. E. Whitacre (Degree or title) _____				23b. ADDRESS Seymour Mo		23c. DATE SIGNED 3-10-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-50		24c. NAME OF CEMETERY OR CREMATORY Ava,		24d. LOCATION (City, town, or county) (State) Ava, Missouri			
DATE REC'D BY LOCAL REG. 3-18-50		REGISTRAR'S SIGNATURE Gilbert Jones 343		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Winkingbeard Funeral Home, Ava, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1950

RECEIVED MAR 20 1950

District Health Office No. 6,

District File Number 350-367

Date Filed 3-21-50

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 Charlie R. Fish

Licensed Embalmer No. 4662

P.O. Address Ava, 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.