

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13906

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 19

|                                                                                                  |  |                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>New Madrid</u>                                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wolf Island</u> <u>0670</u>                                     |  |
| c. LENGTH OF STAY (in this place) <u>1 yr</u>                                                    |  | d. STREET ADDRESS (If rural, give location) <u>Rural</u>                                                                                        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Portageville-rural</u>                                |  |                                                                                                                                                 |  |

|                                                            |                         |                          |                                                            |
|------------------------------------------------------------|-------------------------|--------------------------|------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Odie</u> | b. (Middle) <u>None</u> | c. (Last) <u>Webster</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1950</u> |
|------------------------------------------------------------|-------------------------|--------------------------|------------------------------------------------------------|

|                    |                               |                                                                       |                                      |                                           |                        |                      |                       |
|--------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|------------------------|----------------------|-----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>May 15, 1917</u> | 9. AGE (In years last birthday) <u>32</u> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|------------------------|----------------------|-----------------------|

|                                                                                                           |                                                     |                                                                  |                                         |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm labor</u> | 11. BIRTHPLACE (State or foreign country) <u>Cairo, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|

|                                         |                                                 |                                                  |
|-----------------------------------------|-------------------------------------------------|--------------------------------------------------|
| 13a. FATHER'S NAME <u>O. D. Webster</u> | 13b. MOTHER'S MAIDEN NAME <u>Jennie Marbley</u> | 14. NAME OF HUSBAND OR WIFE <u>Clara 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. <u>32-16-995 MO.</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jennie Webster, Harvey, Ill</u> |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                             |  |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                                                                       |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>68234</u><br><u>32</u> |
|                                                                                                                                                                                                                                 | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Steering rods come loose</u>                                                                                                                      |  |                                                                   |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>DUE TO (b) <u>on old car showing morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u><br>DUE TO (c) <u>the man into water damaged</u> |  |                                                                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                             |                                                                                                                                                                                                             |  |                                                                   |

|                        |                                             |                                                                                  |
|------------------------|---------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>167</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---------------------------------------------|----------------------------------------------------------------------------------|

|                                                          |                                                                                                         |                                                                                     |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Portageville, New Madrid, Mo</u> |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                                                                  |                                                                                                                   |                                       |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/8/50</u> m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>ROR</u> |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|                                                                    |                                          |                                   |
|--------------------------------------------------------------------|------------------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>New Madrid, Missouri</u> | 23c. DATE SIGNED <u>4/10/1950</u> |
|--------------------------------------------------------------------|------------------------------------------|-----------------------------------|

|                                                         |                            |                                                              |                                                                           |
|---------------------------------------------------------|----------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/12/1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u> |
|---------------------------------------------------------|----------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                |                                                        |                                                                                             |
|------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>April 19, 1950</u> | REGISTRAR'S SIGNATURE <u>Ellen DeLester</u> <u>219</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>THE NUNNELLE FUNERAL CHAPEL, Charleston, Mo</u> |
|------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------|

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

APR 28 1950

RECEIVED APR 24 19

District Health Office No.

District File Number 450-2

Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.