

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1950

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>Atlanta (Rural) Lyda Township</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1. 0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O.S.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janetta</u> b. (Middle) <u>Ruth</u> c. (Last) <u>WEBBER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 14, 1950</u>
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5. SEX <u>FEMALE</u> COLOR OR HAIR <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Mar. 6-1931</u>	9. AGE (In years last birthday) <u>19</u> MONTHS <u>3</u> DAYS <u>8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Work at home with school</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Paul Webber</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Bell Peters</u>	14. NAME OF HUSBAND OR WIFE <u>none never married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Webber</u> ADDRESS <u>Atlanta Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		<u>8 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral edema</u> DUE TO (c) <u>Status epilepticus</u>		<u>48 hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3533</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 12, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.T. Guttenahr M.D.</u>	23b. ADDRESS <u>Kirkville, Mo</u>	23c. DATE SIGNED <u>8-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 15 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Rednon Macon Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-17-50</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Gooding</u> ADDRESS <u>Atlanta Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: AUG 2  
DISTRICT HEALTH OFFICE  
District File Number 8-5  
Date Filed: AUG 22 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*H. M. Gooding*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1750

P. O. Address *Atlanta 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.