

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 43921

0990
 1

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

BIRTH NO.		REG. DIST. NO. 336	PRIMARY REG. DIST. NO. C107	Registrar's No. 60
1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland		
b. CITY (If outside corporate limits, write RURAL and give township) Granger		c. CITY (If outside corporate limits, write RURAL and give township) Granger 0990		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) 4-10-1950		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Anna		c. (Last) Webster
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 31 1867	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Clark Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Bergman		13b. MOTHER'S MAIDEN NAME Anna M. Stingers	14. NAME OF HUSBAND OR WIFE James B. Webster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [check]	17. INFORMANT'S SIGNATURE OR NAME Albert Webster	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		4201
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		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) m.		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 4/15, 1949, to 4/10, 1950, that I last saw the deceased alive on 2/19, 1950 and that death occurred at 7 P. m., from the causes and on the date stated above.		
23a. SIGNATURE L. E. Lowe No. 2 (Degree or title)		23b. ADDRESS Meringue Mo		23c. DATE SIGNED 4/15/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-12-50	24c. NAME OF CEMETERY OR CREMATORY Kahoka	24d. LOCATION (City, town, or county) (State) Kahoka Missouri
DATE REC'D BY LOCAL REG. 1/2/1951		REGISTRAR'S SIGNATURE O. M. Baker 407		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Fred J. Karle Kahoka Mo

Date Received: JAN 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-39
Date Filed: JAN 10 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Fred J. Karle

Signed.....
Student Embalmer

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.