

FILED JUL 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22561

0300
1

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Buffalo - Rural</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo, RR 1</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) <u>Paddy</u>		a. (First) <u>Webster</u>	
b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) <u>6</u> (Day) <u>30</u> (Year) <u>1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-8-1864</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR <u>0</u> Months <u>22</u> Days <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Merchandise</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Tip Webster</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Garrison</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Webster</u>		ADDRESS <u>Buffalo, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 3/4 mo</u>	
ANTECEDENT CAUSES <u>Arterio Sclerosis, Senility</u>		<u>OK</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Age</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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)			
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? <u>0.</u>			
22. I hereby certify that I attended the deceased from <u>10-9-</u> , 19 <u>50</u> , to <u>6-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-27</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. B. Jones MD</u> (Degree or title)		23b. ADDRESS <u>Buffalo Mo</u>	
23c. DATE SIGNED <u>7-16-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-21-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>HopeWell</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7/23/51</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. B. Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>		ADDRESS <u>Buffalo Mo</u>	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 25 1957

Dist. File 257-1385

Date Filed 7-26-57

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 Wm B Jones.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.