

No. 300
10-48

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30993

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti, "heights"	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) D	
d. FULL NAME OF HOSPITAL OR INSTITUTION 403 12th St.			

3. NAME OF DECEASED (Type or Print) Walter	a. (First)	b. (Middle)	c. (Last) Webber	4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1951
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 66 yrs	IF UNDER 1 YEAR Months Unknown Days	IF UNDER 1 HR. Hour Unknown Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Pinky Webber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Unknown	16. SOCIAL SECURITY NO. 723-14-0253	17. INFORMANT'S SIGNATURE OR NAME Pinky Webber	ADDRESS 211 12th St. Caruthersville, Mo.
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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, asthenia, 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) Unknown- this man died without medical attention		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 _____, 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 James A. Osburn (Degree or title) Coroner	23b. ADDRESS 3 Wardell, Mo.	23c. DATE SIGNED 9-30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/2/51	24c. NAME OF CEMETERY OR CREMATORY Hayti Cgl Cemetery	24d. LOCATION (City, town, or county) (State) Hayti, Mo.
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DATE REC'D BY LOCAL REG. Oct 9, 1951	REGISTRAR'S SIGNATURE Fressie B. Wilber	25. FUNERAL DIRECTOR'S SIGNATURE R. B. Wood	ADDRESS 1124 1/2 S. Mill, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

10-51-257

Rec. OCT 1 1951

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S. B. Beecher, M. D.,
Ponca County Health Department,
Caruthersville Missouri

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 P. B. Wood

Licensed Embalmer No. 4833

P. O. Address Box 266 Caruthersville

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.