

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

ED JAN 28 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **54**

396
3

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Murphysboro	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location) 2112 Division Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Greyhound Bus Station			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ALEXANDER c. (Last) WEBSTER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10 Aug. 1898		9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) do not know	
11. BIRTHPLACE (State or foreign country) Ft. Smith, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10b. KIND OF BUSINESS OR INDUSTRY Locker Assn.					

13a. FATHER'S NAME Alexander Webster		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Lorena Horstman Webster	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 345-03-1645		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lorena Webster, 2112 Division Street, Murphysboro, Ill.	
--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes (heart). ANTECEDENT CAUSES Coronary disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH sudden
--	--	---	--	--	--

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

22. I hereby certify that I attended the deceased from ~~19~~ to ~~19~~ that I last saw the deceased ~~alive on~~ that death occurred at **2:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Dr. E. Allen Pickens, Coroner		23b. ADDRESS 407 Medical Arts Bg.		23c. DATE SIGNED 1-17-52	
---	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 17 Jan 1952		24c. NAME OF CEMETERY OR CREMATORY do not know		24d. LOCATION (City, town, or county) (State) Murphysboro, Illinois.	
--	--	------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 1-17-52		REGISTRAR'S SIGNATURE James L. Vance, Md.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul C. Thieme, Springfield, Missouri.	
---	--	--	--	--	--

6-15-30
11-1-31

APR 29 1932

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.S. McCann*

Signed.....
Student Embalmer

Licensed Embalmer No. *2727*

P. O. Address *Springfield 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.