

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wilson

State File No. **44230**

FILED JAN 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6128** Registrar's No. **223**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		c. LENGTH OF STAY (In this place) 55 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 7	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Springer c. (Last) Webber			4. DATE OF DEATH (Month) (Day) (Year) Dec 20-1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 3-1861	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 2 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME W W Webber		13b. MOTHER'S MAIDEN NAME Alsie Karnes		14. NAME OF HUSBAND OR WIFE Adarkiler Webber	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs C F Newman 2928 N. Prairie St. N. Louis, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Generalized Arteriosclerosis 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 36hrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X		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)		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 **Dec. 20, 1952**, that I last saw the deceased alive on **12/20, 1952**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Rudolph F. Wilson (Degree or title)		23b. ADDRESS Eminence, Mo.		23c. DATE SIGNED 12/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-22-52		24c. NAME OF CEMETERY OR CREMATORY Bethyl	
24d. LOCATION (City, town, or county) (State) Eminence, Mo.					

DATE REC'D BY LOCAL REG. 1-5-53		REGISTRAR'S SIGNATURE Mabel Reese 447		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeralhome Mtn View, mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Joe R. Duncan

Licensed Embalmer No. 43257

P. O. Address mt New York

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.