

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44380

FILED JAN 7 - 1953

BIRTH NO.

REG. DIST. NO. 377

PRIMARY REG. DIST. NO. 4545

State File No.

Registrar's No. 67

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL E. OZARK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL E. OZARK	
c. LENGTH OF STAY (in this place) 1 YR		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) HEBER b. (Middle) O c. (Last) WAY		4. DATE OF DEATH (Month) (Day) (Year) DEC 6 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 31 1895
9. AGE (In years last birthday) 57	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (State or foreign country) WINFIELD KANS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME BENJAMIN WAY	13b. MOTHER'S MAIDEN NAME CLARA BIRLEW	14. NAME OF HUSBAND OR WIFE MARGARET WAY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. WAR 1	17. INFORMANT'S SIGNATURE OR NAME MARGARET WAY MARSHFIELD R3	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____ 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"/>	
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 Dec 6 , 19 52 , to Sandy , 19 52 , that I last saw the deceased alive on Dec 6 , 19 52 , and that death occurred at 11 A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Barto E. Lenth		23b. ADDRESS Marshfield Mo.	
23c. DATE SIGNED 8 Dec 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-8-1952	24c. NAME OF CEMETERY OR CREMATORY GOOD HOPE	24d. LOCATION (City, town, or county) (State) WEBSTER CO MO
DATE REC'D BY LOCAL REG. 12/9/52	REGISTRAR'S SIGNATURE Barber	25. FUNERAL DIRECTOR'S SIGNATURE BARBER BARTO MARSHFIELD MO	

(Licensed Embalmer's Statement on Reverse Side)

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

1951
JAN 2

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.