

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15208

State File No. ....

FILED MAY 4 1953

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>			
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>1821 East 7th St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1821 E. 7th St.</u>				e. STREET ADDRESS (If rural, give location) <u>1821 East 7th St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HALLIE</u>		b. (Middle) <u>H.</u>		c. (Last) <u>WEBSTER</u>	
4. DATE OF DEATH		a. (Month) <u>Apr</u>		b. (Day) <u>22</u>		c. (Year) <u>1953</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Jan 27, 1860</u>	
9. AGE (in years last birthday) <u>93</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>25</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RANDOLPH COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RANDOLPH COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JEWELL EDWARDS</u>		13b. MOTHER'S MAIDEN NAME <u>MARIAH EDWARDS BRADLEY MACK WEBSTER</u>		14. NAME OF HUSBAND OR WIFE <u>E. P. DOWDING, SEDALIA, MO.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. P. DOWDING, SEDALIA, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis and</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Serility</u> DUE TO (c) <u>4500</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chl. Nephritis</u>				INTERVAL BETWEEN ONSET AND 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 <u>March, 1953</u> , to <u>Apr 22, 1953</u> , that I last saw the deceased alive on <u>Apr 20, 1953</u> , and that death occurred at <u>5:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. W. Alter</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>4-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 24, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hebern Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>College Mound, Mo. Rural</u>	
DATE REC'D BY LOCAL REG. <u>4/23/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sedalia, Mo.</u>			

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

*F. E. Baker*

Licensed Embalmer No.

*2419*

P. O. Address

*Seclalia 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.