Form No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34783

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomfield 1030 0
d. STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)
a. (First): WILBUR
b. (Middle): --
c. (Last): WEBBER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 5, 1908
9. AGE (In years last birthday): 45 — If under 1 year: Months 7, Days 7; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barbering
11. BIRTHPLACE (City and State or Foreign Country): Thayer, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Oscar Webber
13b. MOTHER'S MAIDEN NAME: Irene Taylor
14. NAME OF HUSBAND OR WIFE: Rose Webber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 493-03-2432
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Rose Webber, Bloomfield, Mo. — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Tumor (Glioblastoma) — INTERVAL BETWEEN ONSET AND DEATH: 6-8 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

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: 6/26/53
19b. MAJOR FINDINGS OF OPERATION: Glioblastoma of brain 193X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1953, *to* Sept 4, 1953, *that I last saw the deceased alive on* Sept 4, 1953, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl Hawkins MD
23b. ADDRESS: Dexter Mo
23c. DATE SIGNED: 9/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 15, 53
24c. NAME OF CEMETERY OR CREMATORY: Bloomfield cem.
24d. LOCATION (City, town, or county) (State): Stoddard co. Missouri

DATE REC'D BY LOCAL REG.: Oct 2, 1953
REGISTRAR'S SIGNATURE: Rose Webber
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: CHILES UND. CO. Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

VS JAN 6 1961

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 Lulu Cooper # 3499 Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer, No. 4119

P. O. Address Bloomfield, 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.