

FILED SEP-20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 31486

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

BIRTH NO. _____		REG. DIST. NO. <u>293</u>		PRIMARY REG. DIST. NO. <u>6003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Missouri</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Saverton Tnsp.</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR #1, Mason Tnshp</u> d. STREET ADDRESS (If rural, give location) <u>Hannibal</u>			
3. NAME OF DECEASED a. (First) <u>Harold Alfred</u> b. (Middle) <u>Webster</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/6/1929</u>	9. AGE (in years last birthday) <u>25</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Co.</u>	11. BIRTHPLACE (State or foreign country); <u>Hannibal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Cassiemer A. Webster</u>		13b. MOTHER'S MAIDEN NAME <u>Grace L. Yount</u>		14. NAME OF HUSBAND OR WIFE <u>Verna Webster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Verna Webster, RR #1, Hannibal, 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>Accidental Death</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Mississippi River.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>E 92.98</u> <u>42</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Saverton Tnsp Ralls Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug, 29, 1954 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidentally Drowned</u>				
22. I hereby certify that I attended the deceased from <u>no</u> medical attention, 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> , 19 <u>  </u> , and that death occurred at <u>  </u> m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Blissie Wilkey Corrie</u>			23b. ADDRESS <u>Peny Mo. Ralls Co.</u>		23c. DATE SIGNED <u>9/30/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/1/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Ralls, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-1954</u>		REGISTRAR'S SIGNATURE <u>Grace Conn. 470</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. M. O'Brien Hannibal Mo</u>			

NOV 21 1958

MAY 9 1955

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 \_\_\_\_\_

*N. M. O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal 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.