

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30151**

FILED SEP 29 1955

REG. DIST. NO. **200**

PRIMARY REG. DIST. NO. **3041**

Registrar's No. **169**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. (b) COUNTY 06 Macon	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Atlanta Macon		c. CITY OR TOWN Atlanta	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS City of Macon Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan			

3. NAME OF DECEASED (Type or Print): a. (First) Ethel b. (Middle) Blanche c. (Last) Webber			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8-1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10-10-1900		9. AGE (In years last birthday) 54 Months 10 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
Home Wife		Home		Macon Co. Mo.	
13a. FATHER'S NAME Edward E. Baldwin		13b. MOTHER'S M maiden NAME Ida Eliza Buck		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Edward D. Webber, St. Worth, Tex	
no		no		no	

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		INTERVAL BETWEEN ONSET AND DEATH 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Hereditary Chorea DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3.55X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **9/2**, 19**55** to **9/8**, 19**55** that I last saw the deceased alive on **9/8**, 19**55**, and that death occurred at **5:00** m., from the causes and on the date stated above.

23a. SIGNATURE James E. Campbell, MD (Degree or title)	23b. ADDRESS Macon Mo	23c. DATE SIGNED 9/13/55
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE Sept 11-55	24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	24d. LOCATION (City, town, or county) (State) La Plata Mo.
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DATE REC'D BY LOCAL REG. 9/19/55	REGISTRAR'S SIGNATURE Walter McNeely	25. FUNERAL DIRECTOR'S SIGNATURE D. S. Christy ADDRESS La Plata Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9.26.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.55.164
Date Filed 9.28.55

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,
Signature of Student Embalmer

Signed *D. G. Christie*

Licensed Embalmer No. 1109

P. O. Address *LaPlato*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.