

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1956

State File No. **19287**

BIRTH NO. 35724-06 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 8 Hours	c. CITY OR TOWN Dexter		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			STREET ADDRESS (If rural, give location) 101 E. St. Francis St. 1031		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Louis c. (Last) Webber			4. DATE OF DEATH (Month) (Day) (Year) 5 10 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5-9-1956		9. AGE (In years last birthday) Months — Days — Hours 8 Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0		10b. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Raymond Louis Webber, Jr.		13b. MOTHER'S MAIDEN NAME Therma Harget		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Raymond L. Webber, Dexter, Mo. ADDRESS —		
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) Anoxia - cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Placenta Praevia partialis. DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —				INTERVAL BETWEEN ONSET AND DEATH 8 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 7610		
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 5-9, 1956 to 5-10, 1956 , that I last saw the deceased alive on 5-10, 1956 , and that death occurred at 4:40 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE E. D. Urban M.D. (Degree or title)			23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 5/12/56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-11-56	24c. NAME OF CEMETERY OR CREMATORY Hagy Cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Mo.	
DATE REC'D BY LOCAL REG. 5-16-56		REGISTRAR'S SIGNATURE Mrs. E. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Fun. Ser. ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 21 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 536-113

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 Marsh Watters

Licensed Embalmer No. 4717

P. O. Address Dexter

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.