THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25064
STATE FILE NUMBER

FILED AUG 13 1957 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 384

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) GENERAL Hosp. — Length of stay in lb 12 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY CHEROKEE
c. CITY OR TOWN GALENA 915 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 1109 Harvard St — Reside on Farm ~~Yes~~ No ✓

3. NAME OF DECEASED (Type or print) First JESSE Middle William Last WEBSTER
4. DATE OF DEATH Month Aug. Day 7 Year 1957
5. SEX MALE
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH JAN. 13, 1890
9. AGE (In years last birthday) 67 — 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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Woodworking
11. BIRTHPLACE (City and state or country) Galena Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME FRANK WEBSTER
14. MOTHER'S MAIDEN NAME MARGARET SPENCER
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.
17. INFORMANT Address FRANK WEBSTER Galena, Kan.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute medulary Failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shock & Generalized Paresis 2 days
DUE TO (c) Cerebral Thrombosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-6-57 to 8-7-57 and last saw her/him alive on 8-7-57
Death occurred at 8-7-57 6:55a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L C Pickrell DO
22b. ADDRESS Baxter Springs Ks
22c. DATE SIGNED 8-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-10-1957
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) Galena (State) Kansas

24. FUNERAL DIRECTOR Roy L. Derfelt ADDRESS Galena Kan.
25. DATE RECD. BY LOCAL REG. 8-9-57
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Date Filed AUG 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~only~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy L. Deufelt

Licensed Embalmer No. 49

P. O. Address Helena

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.