

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **2382**

Registration District No. **290** Primary Registration District No. **4427** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Newburg Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville General Hospital		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Dollie Middle Webster Last Webster		4. DATE OF DEATH Month JAN Day 21 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 23 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Taberville ST. CLAIR Co
13a. FATHER'S NAME John Allen Jones		14. NAME OF HUSBAND OR WIFE Wm Henry Webster	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Johnny Webster Newburg Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Severe Coronary Embolus DUE TO (b) Coronary heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH a few minutes
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 April 1950 to Jan 20, 1958 and last saw ^{her} _{him} alive on Jan 20, 1958 Death occurred at 4:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard E. Myers M.D.		22b. ADDRESS Newburg Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/24/58	
23c. NAME OF CEMETERY OR CREMATORY Mill Creek Cemetery Near Newburg Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Lee Johnson		25. DATE RECD. BY LOCAL REG. 1-22-58	
ADDRESS		26. REGISTRAR'S SIGNATURE Clula Mae Anderson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

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 William Lee STRAWHUN....., Student Embalmer No. 543..... working under my personal supervision.

Student William Lee Strawhun
Signature of Student Embalmer

Signed Lee Johnson.....
Licensed Embalmer No. 3392.....

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