Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024688

STATE FILE NUMBER

AUG 4 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 799

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Josephs Hosp. — Length of stay in Ib: most of life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1111 Powell St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CARL Middle: DAY Last: WEBSTER

4. DATE OF DEATH Month, Day, Year: July 26, 1958

5. SEX: male **6. COLOR OR RACE**: white **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] **8. DATE OF BIRTH**: Feb. 28, 1881 **9. AGE** (In years last birthday): 77 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): Ret. farmer **10b. KIND OF BUSINESS OR INDUSTRY**: farm **11. BIRTHPLACE** (City and state or country): Andrew County, Mo. **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Joseph G. Webster **13b. MOTHER'S MAIDEN NAME**: Vista V. Day **14. NAME OF HUSBAND OR WIFE**: Lucille

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.**: unknown **17. INFORMANT**: Miss Josephine Webster, 1111 Powell, St. Joseph, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARCINOMATOSIS	4 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CARCINOMA OF SIGMOID	UNK.
DUE TO (c)	1533	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] 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 JAN. 10, 1958, to JULY 26, 1958 and last saw her/him alive on JULY 26, 1958. Death occurred at 8:45p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Laurence H. Pryer, MD **22b. ADDRESS**: 302 Faraon St Joseph **22c. DATE SIGNED**: 7-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial **23b. DATE**: 7/29/1958 **23c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cemtery **23d. LOCATION** (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman **ADDRESS**: St.Joseph, Mo. **25. DATE RECD. BY LOCAL REG.**: July 28, 1958 **26. REGISTRAR'S SIGNATURE**: Mrs Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

APR 10 1961

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 John V. Henrich Jr.

Licensed Embalmer No. 4848

P. O. Address K. C. 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.