

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-047248**

LED VS JAN 3 1961  
 UNDED

Registration District No. 316 Primary Registration District No. 514 Registrar's No. 514 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington R# 1</b>		Length of stay in lb <b>3 Days</b>	c. CITY OR TOWN <b>Bonne Terre</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <b>Mineral Area Osteopathic Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10 S. Park St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>Stevens</b> Last <b>Webber</b>			4. DATE OF DEATH Month <b>December</b> Day <b>26</b> Year <b>1960</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-8-1887</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>73</b> Days	IF UNDER 24 HR Hours <b>73</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clothing Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing Store</b>	11. BIRTHPLACE (City and state or country) <b>Wynn, Maine</b>	12. CITIZEN OF WHAT COUNTRY <b>US</b>
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13a. FATHER'S NAME <b>Charles Webber</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Stevens</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Pratte</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs Bertha Webber, Bonne Terre, Mo.</b>
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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)	<b>Hypostatic Emesis</b>	<b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cerebral Ischemia</b>	<b>1 year</b>
	DUE TO (c) <b>arteriosclerosis</b>	<b>Under</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <b>6:25 a.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <b>Dec 23, 1960</b> to <b>Dec 26, 1960</b> and last saw her/him alive on <b>Dec 25, 1960</b> Death occurred at <b>6:25 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>W. Stanley Reed M.D.</b>	22b. ADDRESS <b>Harvington mo</b>	22c. DATE SIGNED <b>12/28/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec 28, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Francois Mem. Pk.</b>	23d. LOCATION (City, town, or county) (State) <b>St Francois County, Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>C. Z. Boyer &amp; Son, Inc, Bonne Terre, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 28, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Eather R. Rulloff</b>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

VS JAN 4 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Burlin T. Bayer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre,

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