MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028978
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 804

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 88 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Foster Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1207 W. Pacific
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARGARET Middle MALINDA Last WEBSTER

4. DATE OF DEATH: Month August Day 27 Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/26/1873
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Iberia, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Harrison Brandon
13b. MOTHER'S MAIDEN NAME: Hattie Mills
14. NAME OF HUSBAND OR WIFE: E.B. Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Mary Mills, Nichols Junction, Missouri

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) Cardio-Renal Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

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 1960, to 8/27/61 and last saw her ~~him~~ alive on 8/26/61
Death occurred at 9:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lyman W. Brown M.D.
22b. ADDRESS 31½ College
22c. DATE SIGNED 8/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/29/1961
23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery
23d. LOCATION (City, town, or county) Springfield, (State) Mo.

24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo. ADDRESS 1200 Boonville
25. DATE RECD. BY LOCAL REG. 8-31-61
26. REGISTRAR'S SIGNATURE Effie E. Meeton

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
BY AFFIDAVIT OF DOCUMENT

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 Keith Colhi

Licensed Embalmer No. 3632

P. O. Address Springfield

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.