MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

39 -62-018504
STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. _____

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0300
2 3300
3
4 0
5 1
6
7 0
8 0
9 322.2
10
11
12 70-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Benton
Length of stay in Ib 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buffalo, Mo.
Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First Oliver Middle - Last Webster

4. DATE OF DEATH Month May Day 30 Year 1962

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 17/1891
9. AGE (last birthday) 70
IF UNDER 1 YEAR Months 7 Days 13
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY -------
11. BIRTHPLACE (City and state or country) Camden County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Paddy Webster
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Eva May Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT Eva May Webster Address Buffalo, Mo.

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Internal Hemorrhage due to	5-29-62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Perforated Peptic Ulcer	5-29-62
DUE TO (c)	Alcoholic Gastritis	5-27-62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Mental Confusion due to Alcohol

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 5-29-62 to 5-30-62 and last saw her/him alive on 5-29-62
Death occurred at 8:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Claude O. Hammon (Degree or title) M.D.
22b. ADDRESS Buffalo, Mo.
22c. DATE SIGNED 5-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 2, 1962
23c. NAME OF CEMETERY OR CREMATORY Macks Creek Cemetery
23d. LOCATION (City, town, or county) (State) Macks Creek, Mo

24. FUNERAL DIRECTOR ADDRESS Montgomery Funeral Home Buffalo, Mo.
25. DATE REC'D. BY LOCAL REG. 6/8/1962
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1962

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 Elyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.