

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035691

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

116
Primary Registration District No. 4187 Registrar's No. 209
FILED SEP 24 1963

VS 300
Rev. 4/59

10364

20364

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9420.1

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1290-0

135-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		c. CITY OR TOWN UNION	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1111 W. STATE ST.		d. STREET ADDRESS (If outside, give location) 113 GARFIELD AVE.	
3. NAME OF DECEASED (Type or print) First CARL Middle T. Last WEBBER		4. DATE OF DEATH Month SEPT. Day 17 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	9. AGE (last birthday) JUNE 4, 1899 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FRANKLIN COUNTY ASSESSOR		11. BIRTHPLACE (City and state or country) BARDWELL, KY.	
13a. FATHER'S NAME WILLIAM WEBBER		14. NAME OF HUSBAND OR WIFE WILMA WEBBER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MRS. WILMA WEBBER 113 GARFIELD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary Artery Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 Months 3 Months	
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 UNION, MO.	
21. I attended the deceased from 6-20-63 to Sept 17-63 and last saw him alive on Sept 13-63 Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B.H. Strickman M.D.		22b. ADDRESS Union, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT. 20, 1963	
23c. NAME OF CEMETERY OR CREMATORY MIDLAWN MEM. GARDENS		23d. LOCATION (City, town, or county) (State) UNION, MO.	
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 9/19/63	
26. REGISTRAR'S SIGNATURE Leola C. Strickman			

OCT 2 1963

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.