

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037119

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

348

FILED OCT 15 1963

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sedalia</i>		c. CITY OR TOWN <i>Data Ozark Mo</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Sedalia Rest Home</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Thomas B. Webster</i>		4. DATE OF DEATH Month Day Year <i>Oct. 10, 1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 18-1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pilot</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Aviation</i>	
11a. FATHER'S NAME <i>Beaumont John Webster</i>		11b. MOTHER'S MAIDEN NAME <i>Annie Smith</i>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		12b. SOCIAL SECURITY NO. <i>496-16-9918</i>	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		13b. NAME OF HUSBAND OR WIFE <i>Dorothy</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Coronary Artery Sclerosis</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. 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	
21. I attended the deceased from <i>10-7-63</i> to <i>10-10-63</i> and last saw him alive on <i>10-10-63</i>		Death occurred at <i>8:40 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (In free or title) <i>Chas Jordan Stauffer M.D.</i>		22b. ADDRESS <i>Sedalia Mo.</i>	
22c. DATE SIGNED <i>10-11-63</i>		23. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct. 14, 1963</i>	
23c. LOCATION (City, town, or county) (State) <i>Sedalia Mo.</i>		24. FUNERAL DIRECTOR <i>Mc Laughlin Bros, Sedalia</i>	
25. DATE RECD. BY LOCAL REG. <i>Oct. 12, '63</i>		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

EXCEL 67.10M

### 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

*Philip M. McLaughlin*

Licensed Embalmer No.

*3729*

P. O. Address

*Leola, 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.