

FILED SEP 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32861

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6179</u>		Registrar's No. <u>381</u>		
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>				
b. CITY OR TOWN <u>Eminence</u>		c. LENGTH OF STAY (In this place township) <u>17 yrs</u>		c. CITY OR TOWN <u>Eminence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None - Home</u>				e. STREET ADDRESS (If rural, give location) <u>Several Belong</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) <u>Kyle</u> c. (Last) <u>Webber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4, 1956</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 19, 1970</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>16</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ma. Hesse, Frank - Eminence</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension and Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>4:30</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>9-6</u> , 19 <u>56</u> , to <u>9-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>56</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. J. Wilson</u>				23b. ADDRESS <u>207 Emma St</u>		23c. DATE SIGNED <u>9-5-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Eminence Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-27-56</u>		REGISTRAR'S SIGNATURE <u>Ma. Hesse</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ma. Hesse</u>		ADDRESS <u>Ma. Hesse</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1010

17-56

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**