

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19222

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 570

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>834 W. Webster Street</u>		d. STREET ADDRESS (If rural, give location) <u>834 W. Webster Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CECIL</u>	b. (Middle) <u>BERNIECE</u>	c. (Last) <u>WEBB</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 31, 1900</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Mammoth, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albert B. Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Crumley</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Webb</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John H. Webb, Springfield, Missouri</u>	ADDRESS <u>Springfield, Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neoplastic coxepia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Abdomino-perineal resection</u> DUE TO (c) <u>Vaginal Carcinoma with mets</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>vaginal fistula & hemorrhage</u>	

19a. DATE OF OPERATION <u>2-16-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Vagina - eroded into rectum & pelvic lig.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>neither</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>176X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6 Feb, 1949, to 26 June, 1949, that I last saw the deceased alive on 4 June, 1949, and that death occurred at 12:00 noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Dorward B. Hall, M.D.</u>	23b. ADDRESS <u>500 Holland Hwy. Springfield, Missouri</u>	23c. DATE SIGNED <u>7/27/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-27-49</u>	REGISTRAR'S SIGNATURE <u>W. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Thaine</u>	ADDRESS <u>Springfield, Mo.</u>
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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.

Signed _____

Ralph H. Thieune

Licensed Embalmer No. 3681

Signed _____
Student Embalmer

P. O. Address Springfield, Missouri

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 this body is not embalmed, fact should be so stated above.