No. 300
10-48

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

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30789

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 399

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena
d. STREET ADDRESS (If rural, give location): Galena Heights

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): ---------
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 17, 1887
9. AGE (In years last birthday): 61 — If under 1 year: Months 10, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Smelterman
10b. KIND OF BUSINESS OR INDUSTRY: Lead Smelting
11. BIRTHPLACE (State or foreign country): Galena, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Webb
13b. MOTHER'S MAIDEN NAME: Lucy Nicholson
14. NAME OF HUSBAND OR WIFE: Lola Sandford Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 509-10-2914
17. INFORMANT'S SIGNATURE OR NAME: Lola Webb — **ADDRESS**: Galena, Kansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis Pulmonary 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* 4 Sept, 1949, *that I last saw the deceased alive on* 3 Sept, 1949, *and that death occurred at* 6:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert G Powell M.D.
23b. ADDRESS: Galena, Kansas
23c. DATE SIGNED: 5 Sept 49

24a. BURIAL CREMATION REMOVAL (Specify): Removal
24b. DATE: 9-7-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.
24d. LOCATION (City, town, or county) (State): Galena Kansas

DATE REC'D BY LOCAL REG.: 9-7-49
REGISTRAR'S SIGNATURE: Lola Webb Lamkin
25. FUNERAL DIRECTOR'S SIGNATURE: J. H. Weed
ADDRESS: Galena, Kan.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-23-49
Jasper County Health Office
County File Number 49-9-730
Date Filed 9-24-49

AUG 17 1950

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 Howard E. Gibson

Signed _____
Student Embalmer

Kansas Licensed Embalmer No. 2310

P. O. Address Galena, Kans.

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.