

FILED APR 3 1950

STANDARD CERTIFICATE OF DEATH

State File No.

3355

0492

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		d. STREET ADDRESS (If rural, give location) <u>924 West 2nd Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>924 West 2nd Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>LaVerne</u> c. (Last) <u>Webb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2, 1890</u>	9. AGE (In years last birthday) <u>59</u> <u>68</u> <u>9</u>	IF UNDER 1 YEAR Days IF UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Webb (Wife)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-01-3331</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Webb 924 W. 2nd Webb City, Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertatic Lobar Pneumonia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4201</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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Mar 8</u> , 19 <u>50</u> , to <u>Mar 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 11</u> , 19 <u>50</u> , and that death occurred at <u>1:45 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm. Wells Lee M.D.</u>			23b. ADDRESS <u>924 W. Douglas, Webb City,</u>		23c. DATE SIGNED <u>3/14/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-14-50</u>		REGISTRAR'S SIGNATURE <u>S. C. Hutcherson M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo.</u>	

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

RECEIVED 3-20-50

Jasper County Health Office

County File Number 50-3-222

Date Filed 3-31-50

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
Student Embalmer

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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 this body is not embalmed, fact should be so stated above.