

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9930

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 9

0861

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

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>UNIONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIONVILLE</u>	
c. LENGTH OF STAY (in this place) <u>2</u> YEARS		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOUGLAS</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>WEBB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 13 1861</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>DAVENPORT NEW YORK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WILLIAM WEBB</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH ELDRIDGE</u>		14. NAME OF HUSBAND OR WIFE <u>JANE WEBB</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS CLAUDE HALLEY UNIONVILLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Senile debility</u>			
		DUE TO (c) <u>arteriosclerosis &amp; hypertension</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 Jan 11, 1944 to Feb 19, 1950, that I last saw the deceased alive on Feb 19, 1950 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. L. Judd D.O.</u> (Degree or title)		23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>2/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 23 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLAINVIEW CEMETERY</u>	
		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN COUNTY MISSOURI</u>			

DATE REC'D BY LOCAL REG. <u>3-21-50</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> <u>266</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Camstock FUNERAL HOME</u> <u>By J.W. Camstock Unionville, Mo</u>	
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RECEIVED APR 1 1950  
District Health Officer No. 10  
District File Number 4-50-5  
Date Filed APR 1 14

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 James W Constock  
Licensed Embalmer No. 4197

P. O. Address Unionville, 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.