

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23454

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Iron Twsp.</u> c. LENGTH OF STAY (In this place) <u>6</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. south of Graniteville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron Twsp.</u> - <u>0470</u> d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. south of Graniteville</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Webb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1950</u>
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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>June 12 1861</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lead mine</u>	11. BIRTHPLACE (State or foreign country) <u>Iron Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Moore Webb</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Keeney, Middlebrook Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmitas of old age</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>260X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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 June 9, 1950, to July 20, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. H. Gale M.D.</u>	23b. ADDRESS <u>Bismarck Mo</u>	23c. DATE SIGNED <u>7/21/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lane Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elvins Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 26-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0470

