

SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29332  
 Registrar's No. 165

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

0042

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>	
c. LENGTH OF STAY (In this place) <b>8 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>726 C. Cole St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>STANLEY</b>		b. (Middle) <b>EARL</b>		c. (Last) <b>WEBB</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 15, 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 5, 1901</b>	
9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Transfeer</b>			11. BIRTHPLACE (State or foreign country) <b>Ralls County, Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Wesley Webb</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Gore</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Webb</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY <b>499-05-7904</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bertha Webb, Mexico, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of death, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>163 x</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Unknown</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastasis to liver.</b>			

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>	

22. I hereby certify that I attended the deceased from 7/12/50, 19  , to 9/15/50, 19  , that I last saw the deceased alive on 9/15/50, 19  , and that death occurred at 10:25p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank Jolley</i>		23b. ADDRESS <b>117 E. Monroe, Mexico</b>		23c. DATE SIGNED <b>9/18/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 17, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia</b>	
		24d. LOCATION (City, town, or county) (State) <b>Vandalia, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>Sept 18 - 1950</b>		REGISTRAR'S SIGNATURE <i>B. Planché Neely</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>T. E. ...</i> <b>Mexico, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 25 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 9-52-1580  
Date Filed: SEP 27 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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 4687

P. O. Address. Mexico, 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.