

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5450**

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **4349** Registrar's No. **5**

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

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Stover	c. LENGTH OF STAY (in this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Stover	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stover, Mo.		d. STREET ADDRESS (If rural, give location) Stover, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Lizzie b. (Middle) E. c. (Last) Webb			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1879	9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months 4 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Versailles, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME James Bonine		13b. MOTHER'S MAIDEN NAME Celia Marriott		14. NAME OF HUSBAND OR WIFE Albert Webb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harley Kumberg Stover, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 15 minutes
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Medullary failure		25 min.
	DUE TO (c) Cerebral thrombosis		Indefinite
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decomposed heart.		3 3/4 X

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) (Min.)	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 **Dec. 25, 1950**, to **Feb. 9, 1951**, that I last saw the deceased alive on **Feb. 9, 1951**, and that death occurred at **5:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas P. Woodard	(Degree or title) P.O.	23b. ADDRESS Stover, Missouri	23c. DATE SIGNED Feb. 12, 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Ritchie Cemetery	24d. LOCATION (City, town, or county) (State) Morgan County, Mo.
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DATE REC'D BY LOCAL REG. Feb. 16, 1951	REGISTRAR'S SIGNATURE Wm. L. Ripberger	25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stevenson	ADDRESS Stover, Mo.
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RECEIVED 2/26/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2/26/51

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 _____

James R. Scribner

Student Embalmer No. 404

working under my personal supervision.

Student

James R. Scribner
Student Embalmer

Signed

J. L. Stevenson
Licensed Embalmer No. 4073

P. O. Address Stover, 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.