

FILED JUL 31 1951

## STANDARD CERTIFICATE OF DEATH

5573 State File No. 23366

|   |                       |  |  |  |   |   |                                     |   |  |                         |  |
|---|-----------------------|--|--|--|---|---|-------------------------------------|---|--|-------------------------|--|
| BIRTH NO. _____   |                       | REG. DIST. NO. 150   |  | PRIMARY REG. DIST. NO. 4241  |   | Registrar's No. 93  |                                     |   |  |                         |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |                       |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo b. COUNTY Jackson  |   |   |                                     |   |  |                         |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>Oak Grove Rural   |                       | c. LENGTH OF STAY (in this place)<br>25 yrs  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>Oak Grove - Rural 0480   |   |   |                                     |   |  |                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>5 mi. N.E.   |                       |  |  | d. STREET ADDRESS (If rural, give location)<br>(Smobar) 5 mi N.E.  |   |   |                                     |   |  |                         |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Lee<br>b. (Middle) J<br>c. (Last) Webb   |                       |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>July - 11 - 1951 |  |   |   |                                     |   |  |                         |  |
| 5. SEX<br>m   | 6. COLOR OR RACE<br>w | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widow  |  | 8. DATE OF BIRTH<br>April - 2 - 1865   |   | 9. AGE (in years last birthday)<br>86                         | 10. IF UNDER 1 YEAR<br>3 Months     | 11. IF UNDER 2 HRS.<br>9 Days   |  |                         |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Farmer   |                       |  | 10b. KIND OF BUSINESS OR INDUSTRY                            |  | 11. BIRTHPLACE (State or foreign country)<br>Jackson Co. Mo |   | 12. CITIZEN OF WHAT COUNTRY?<br>USA |   |  |                         |  |
| 13a. FATHER'S NAME<br>James Webb  |                       |  | 13b. MOTHER'S MAIDEN NAME<br>Mary Johnson                    |  |   | 14. NAME OF HUSBAND OR WIFE                                   |                                     |   |  |                         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>None   |                       | 16. SOCIAL SECURITY NO.<br>None  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>J.E. Webb   |   |   |                                     | ADDRESS<br>Oak Grove Mo   |  |                         |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  |   |   |                                     | INTERVAL BETWEEN ONSET AND DEATH<br>5 minutes                                       |  |                         |  |
|   |                       |  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Generalized Arteriosclerosis |   |   |                                     | 10 years  |  |                         |  |
|   |                       |  |  | DUE TO (c)   |   |   |                                     |   |  |                         |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                       |  |  |  |   |   |                                     |   |  |                         |  |
| 19a. DATE OF OPERATION  |                       | 19b. MAJOR FINDINGS OF OPERATION   |  |  |   |   |                                     | 20. AUTOPSY?<br>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)<br>4201     |   |                                     |   |  |                         |  |
| 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 <del>7</del> , 19____, to _____, 19____, that I last saw the deceased alive on 7-11, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above. |                       |  |  |  |   |   |                                     |   |  |                         |  |
| 23a. SIGNATURE<br>John W. Williams  |                       |  |  | 23b. ADDRESS<br>U.D. Oak Grove Mo  |   | 23c. DATE SIGNED<br>7-13-51                                   |                                     |   |  |                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                       | 24b. DATE<br>July-15-1951  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Oak Grove  |   | 24d. LOCATION (City, town, or county) (State)<br>Oak Grove Mo |                                     |   |  |                         |  |
| DATE REC'D BY LOCAL REG.<br>7-14-51   |                       | REGISTRAR'S SIGNATURE<br>Donald C. Eason   |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Webb Funeral Home       |   |                                     |   |  | ADDRESS<br>Oak Grove Mo |  |

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 REC

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.

Student Embalmer No.....

Signed.....

*R. B. Webb*

Signed.....

Student Embalmer

Licensed Embalmer No. 2353

P. O. Address *Ohio Springs*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.