

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37059

State File No.

FILED NOV 27 1957

BIRTH NO. _____ REG. DIST. NO: 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> <u>09/10</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u> <u>0410</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>South part of New Hampton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>South part of New Hampton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Derious</u> b. (Middle) <u>Tipton</u> c. (Last) <u>Webb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 12 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>M</u>	8. DATE OF BIRTH <u>July 23 1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired oil field worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>oil field worker</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>D</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Preston Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Bringer</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Mary Webb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ada M Webb New Hampton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Arteriosclerosis</u>			<u>24 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Carcinoma of intestines</u>			<u>17 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					<u>4 yrs</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>153X</u> YES <input type="checkbox"/> NO <input 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?	

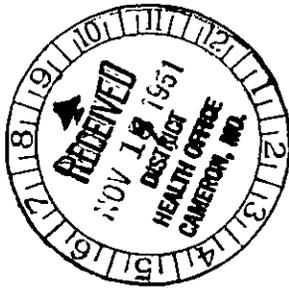
22. I hereby certify that I attended the deceased from June, 1947, to Nov 12, 1957, that I last saw the deceased alive on 11-12, 1957, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R-L Green D.O.</u> (Degree or title)		23b. ADDRESS <u>New Hampton Mo.</u>		23c. DATE SIGNED <u>11-13-51</u>	
--------------------------------------------------------	--	-------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Hampton Mo</u>	
---------------------------------------------------------	--	------------------------------	--	-----------------------------------------------------------	--	---------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>11/13/51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> <u>116</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W H Nobleson New Hampton</u>	
------------------------------------------	--	-----------------------------------------------------	--	--------------------------------------------------------------------------	--

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



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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton Md

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.