

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38509

State File No. _____

FILED DEC 5 1951

Registrar's No. 18

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Ellington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u> <u>1910's</u>	
c. LENGTH OF STAY (to this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) _____ c. (Last) <u>Webb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25 51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 10, 1862</u>
9. AGE (In years last birthday) <u>89</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Waynes Co Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John P. Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Mann</u>		14. NAME OF HUSBAND OR WIFE <u>MARY E. Webb</u>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellis Baker, Ellington</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Apoplexy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		20. AUTOPSY? 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) m.		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 Aug, 1951, to Nov 25, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. F. Buss, M.D.</u> (Degree or title)		23b. ADDRESS <u>Ellington Mo</u>		23c. DATE SIGNED <u>11-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ellington</u>	
24d. LOCATION (City, town, or county) (State) <u>Ellington, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. S. Smith, Ellington</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 30-51</u>		REGISTRAR'S SIGNATURE <u>Essie G. Vans</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

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

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RECEIVED

DEC 4 - 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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

Chas. S. Perrett

Signed.....
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.