

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7661**

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FORN FELT 1000	
c. LENGTH OF STAY (In this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) !	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTHEAST MO. HOSP			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) ELIZABETH c. (Last) WEBB			4. DATE OF DEATH (Month) (Day) (Year) MAR 9 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR 6, 1875
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (State or foreign country) HANN, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY ✓	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ADDISON KEY		13b. MOTHER'S MAIDEN NAME ALETHA HITCHISON	14. NAME OF HUSBAND OR WIFE GEN F. WEBB
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mr. Chas. George Jorjell, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns - 2nd° - 90% Body Surface INTERVAL BETWEEN ONSET AND DEATH 72 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Illmo. Scott Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) march 6 1952 9 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? clothes caught fire from stove	
22. I hereby certify that I attended the deceased from 3-6 , 1952 to 3-9 , 1952, that I last saw the deceased alive on 3-9 , 1952, and that death occurred at 9:55 AM , from the causes and on the date stated above.			
23a. SIGNATURE Frank Hall M.D.		23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 3-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-11-52	24c. NAME OF CEMETERY OR CREMATORY LIGHTNER	24d. LOCATION (City, town, or county) (State) ILLMO MO
DATE REC'D BY LOCAL REG. 3-11-52	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Charles Hoff Funeral Home	ADDRESS Illmo, Mo

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

1640

REAR 12
MAY 19 1954

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clive Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.