

FILED APR 21 1952

# STANDARD CERTIFICATE OF DEATH

State File No. 13640

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL-MARION TWP.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL-WASHINGTON TWP.</b>	
c. LENGTH OF STAY (in this place) <b>✓</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #1, PARIS, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>IN TRANSIT TO HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>CHARLES</b>	b. (Middle) <b>EDWARD</b>	c. (Last) <b>WEBB</b>	(Month) <b>APRIL</b>	(Day) <b>12</b>	(Year) <b>1952</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB 2, 1950</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CHAS. E. WEBB</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ELLEN POWERS</b>	14. NAME OF HUSBAND OR WIFE <b>✓</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. ALBERTA NEFF HANNIBAL, Mo.</b>	ADDRESS <b>Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation from bean in Trachea</b>		
	ANTECEDENT CAUSES <b>bean in Trachea</b> DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (c) <b>E9220</b>		
II. OTHER SIGNIFICANT CONDITIONS. <b>18</b> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>DLA</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Paris R.R. 1, Monroe Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>April 12 1952 5:15 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>child was playing with seed beans, put them in its mouth and sucked one into its trachea.</b>
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22. I hereby certify that I attended the deceased from **4-12-1952**, to **4-12-1952**, that I last saw the deceased alive on **4-12-1952**, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. A. Barnett</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>PARIS, MISSOURI</b>	23c. DATE SIGNED <b>4-13-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-15-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GRANDVIEW BURIAL PK.</b>	24d. LOCATION (City, town, or county) (State) <b>HANNIBAL, MO.</b>
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DATE REC'D BY LOCAL REG. <b>4-16-1952</b>	REGISTRAR'S SIGNATURE <b>Edna Robertson</b>	4710	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed Blakey</b>	ADDRESS <b>PARIS, MISSOURI</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*E. H. Agnew*

*Paris, 4000  
Mo.*

PARIS, MISSOURI

**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.