

No. 300
 10. 48
 0350
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

16017

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No. 5

BIRTH NO.		REG. DIST. NO. <u>108</u>		PRIMARY REG. DIST. NO. <u>2423</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Dunklin</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>		<u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Elmer</u>		b. (Middle) <u>Sylvester</u>		c. (Last) <u>Webb</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 15 1888</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmex</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Enoch Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Raines</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Laura Webb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Webb</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>Arteriosclerotic Heart Disease</u>		ANTECEDENT CAUSES DUE TO (b) <u>with myocardial infarction</u>				<u>2 wks</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)					
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 <u>4200</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) (Minute)		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 <u>Apr 20</u> , 19 <u>52</u> , to <u>Apr 27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr 27</u> , 19 <u>52</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Eberly Mables Jr. M.D.</u>				23b. ADDRESS <u>Senath, Mo.</u>		23c. DATE SIGNED <u>May 3 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr 27 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oxford, Izard Co. Ark.</u>	
DATE REC'D BY LOCAL REG. <u>5-14-52</u>		REGISTRAR'S SIGNATURE <u>Mrs J L Lanier 90</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Higginbotham Funeral Ser. Salem, Ark.</u>			

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-19-52

COUNTY FILE NUMBER 552-125

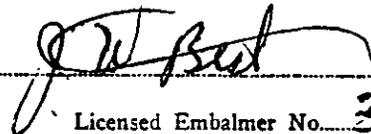
STATEMENT BY LICENSED EMBALMER

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 _____



Licensed Embalmer No. 3631

Signed.....
Student Embalmer

P. O. Address.....

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.