

FILED JUN 11 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19182

BIRTH NO. 31075 REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY OR TOWN <u>Piedmont</u>		c. CITY OR TOWN <u>Piedmont</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>STEVEN</u> b. (Middle) <u>MICHAEL</u> c. (Last) <u>WEBB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant 1</u>	
8. DATE OF BIRTH <u>5-18-52</u>		9. AGE (In years last birthday) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ellington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Wilbur Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Clara M. Helms</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Wilbur Webb</u> ADDRESS <u>Piedmont 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>Growth Premature</u>		DUE TO (b) <u>Malnutrition</u>			
*This does not mean the mode of dying, such as heart failure, asthma, 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Piedmont Wayne Mo</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harvey E. Bauler</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Piedmont</u>		23c. DATE SIGNED <u>6/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Piedmont, Mo.</u>		24e. NAME OF LOCAL REGISTRAR <u>Hazel Ward</u>		24f. GENERAL DIRECTOR'S SIGNATURE <u>Hermon H. Gish</u> ADDRESS <u>Piedmont, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		GENERAL DIRECTOR'S SIGNATURE <u>Hermon H. Gish</u> ADDRESS <u>Piedmont, Mo.</u>	

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

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RECEIVED

JUN 10 1962

WAYNE CO. HEALTH CENTER

FILE No. 652-39

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 *Martin E. Bowler*

Licensed Embalmer No. 4426

P. O. Address *Bedford, 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.