

STANDARD CERTIFICATE OF DEATH

State File No. 25238

FILED JUL 16 1952

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 217	
1. PLACE OF DEATH a. COUNTY Pettis 0804				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis 0804			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Woodland Hospital				d. STREET ADDRESS (If rural, give location) 1516 E. 9th St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Della		b. (Middle) Frances		c. (Last) Webb	
4. DATE OF DEATH		July 2, 1952		5. SEX Female /		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Married /		8. DATE OF BIRTH Nov. 2, 1892		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Housewife		10b. KIND OF BUSINESS OR INDUSTRY		Home	
11. BIRTHPLACE (State or foreign country)		Scottsboro, Alabama /		12. CITIZEN OF WHAT COUNTRY?		USA	
13a. FATHER'S NAME		W. L. Cornelison		13b. MOTHER'S MAIDEN NAME		Elizabeth Sanders	
14. NAME OF HUSBAND OR WIFE		Samuel H. Webb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		No	
16. SOCIAL SECURITY NO.		None		17. INFORMANT'S SIGNATURE OR NAME		Samuel H. Webb, Sedalia, 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) Chronic myocarditis & myocardial degeneration 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. Cholecystitis with multiple calculi				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19a. DATE OF OPERATION 7-1-52		19b. MAJOR FINDINGS OF OPERATION Distended ischemic gall bladder & multiple stones				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)		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? 4222					
22. I hereby certify that I attended the deceased from 1-10, 1951, to 7-2, 1952, that I last saw the deceased alive on 7-2, 1952, and that death occurred at 9:10 P. M., from the causes and on the date stated above.							
23a. SIGNATURE B. B. Crooks		(Degree or title) Dr. Q. 2 Woodland Hospital, Sedalia, Mo.		23b. ADDRESS		23c. DATE SIGNED 7-3-1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U		24b. DATE 7/5/52		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 7-5-52		REGISTRAR'S SIGNATURE A. J. Campbell		FUNERAL DIRECTOR'S SIGNATURE W. H. Ewing		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

R. E. Baker

Licensed Embalmer No. _____

2419

P. O. Address _____

Sedalia 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.