

REC'D OCT 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35269**
4386
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 18 yrs		d. STREET ADDRESS (If rural, give location) 3525 Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3408
3400

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) JANE c. (Last) WEBB			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1952			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 1, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 10 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Pettibone	13b. MOTHER'S MAIDEN NAME Jane Cunningham	14. NAME OF HUSBAND OR WIFE Samuel Webb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Paul Webb, 3525 Central St., KC Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		33 1/2	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 22 January, 1952, to 6 Oct, 1952, that I last saw the deceased alive on 6 Oct, 1952, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

22a. SIGNATURE Blaine Z. Hubbard MD MD (Degree or title)	22b. ADDRESS 411 Nichols Rd KCMo	22c. DATE SIGNED 7 Oct 52
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/8/52	23c. NAME OF CEMETERY OR CREMATORY Dearfield Cemetery	23d. LOCATION (City, town, or county) (State) Dearfield, Mo.
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DATE REC'D BY LOCAL REG. 10-8-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Blaine Z. [unclear]
411 Richards Rd - Va 4350

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 J. A. Walton

Licensed Embalmer No. 2288

P. O. Address 14 E. 1st

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.