

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

NOV 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <del>xxx</del> Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon	c. LENGTH OF STAY (to this place) 20 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon 0532	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Long Nursing Home		d. STREET ADDRESS (If rural, give location) 114 No. Jackson	

3. NAME OF DECEASED (Type or Print) a. (First) Jake b. (Middle) W. c. (Last) Webb	4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 6 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Laclede Co Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Parlee 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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Alfred Doyle	ADDRESS Lebanon 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X	
19a. DATE 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)
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?

22. I hereby certify that I attended the deceased from 10/14, 1952, to 10/31, 1952, that I last saw the deceased alive on 10/31, 1952, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Johnson	(Degree or title) mo	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 11/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 2 1952	24c. NAME OF CEMETERY OR CREMATORY Hufft	24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
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DATE REC'D BY LOCAL REG. 11-2-1952	REGISTRAR'S SIGNATURE Hella L. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Pulvers	ADDRESS Lebanon Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

532 F

received NOV 8 1952  
Laclede County Health Unit  
File No. 11-52-149  
Date Filed NOV 10 1952

**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: S. R. Palmer

Signed.....  
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lakewood, 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.