

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35995
State File No. _____

NOV 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>4435</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY OR TOWN <u>Perry, Missouri</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Perry, Missouri</u>		0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>S</u>		c. (Last) <u>Webb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1952</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 9, 1875</u>	
9. AGE (in years last birthday) <u>77</u>		10. MONTHS <u>7</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		13a. FATHER'S NAME <u>Chas. T. Stantey</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Hazelwood</u>	
13c. NAME OF HUSBAND OR WIFE <u>Edward E. Webb</u>		14. NAME OF HUSBAND OR WIFE <u>Edward E. Webb</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME _____		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, asthma, etc. It means the disease, injury, or complication which caused death. 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, asthma, etc. It means the disease, injury, or complication which caused death. 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. DATE OF OPERATION <u>None</u>		20. AUTOPSY? YES ☐ NO ☒	
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>334X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Oct. 20, 1952</u> , to <u>Oct. 23, 1952</u> , that I last saw the deceased alive on <u>Oct. 23, 1952</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>C.H. Bridge Jr.</u>	
23b. ADDRESS <u>D.O. Center, Missouri</u>		23c. DATE SIGNED <u>11-3-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 27, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Welby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Welby</u>	
DATE REC'D BY LOCAL REG. <u>10-27-52</u>		REGISTRAR'S SIGNATURE <u>267-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Welby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Welby</u>	

(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.....

Clyde C. Wilkey

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.