

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

DR. WEBB

State File No. **21274**

No. 300  
10. 48

FILED JUN 29 1953 BIRTH MO. JUN 29 1953 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 601

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Newton</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGE HOSP.</b>                                      |  | d. STREET ADDRESS (If rural, give location) <b>0752</b>   |  |

|   |                               |  |   |   |  |                             |
|---|-------------------------------|--|---|---|--|-----------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>RUTH</b> b. (Middle) <b>BEATrice</b> c. (Last) <b>BIGHAM</b> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JUNE 22: 1953</b>               |   |  |                             |
| 5. SEX <b>FEMALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> | 8. DATE OF BIRTH<br><b>JAN. 26 1895</b>                                     | 9. AGE (In years last birthday) <b>58</b> | IF UNDER 1 YEAR Months Days                | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOME</b>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                         | 11. BIRTHPLACE (State or foreign country)<br><b>SPRINGFIELD, MISSOURI V</b> |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |                             |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>ARTHUR QUISENBERRY</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>FLORENCE HORNBEAK</b> | 14. NAME OF HUSBAND OR WIFE<br><b>X</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>NO</b>                  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>ARTHUR QUISENBERRY SPFLD, MO.</b> |

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|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><b>Unknown</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cor Pulmonal</b>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>DUE TO (b) Pulmonary fibrosis</b><br><b>DUE TO (c)</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

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|--|--|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION<br><b>525 X</b>   | 20. AUTOPSY?<br>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) m. | 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 **Mar. 27**, 19 **53**, to **June 22**, 19 **53** that I last saw the deceased alive on **June 22**, 19 **53**, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

|  |                                       |   |
|--|---------------------------------------|---|
| 23a. SIGNATURE (Degree or title)<br><b>L. Richard Webb Jr.</b> | 23b. ADDRESS<br><b>609 Cherry St.</b> | 23c. DATE SIGNED<br><b>6/23/53</b>                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>     | 24b. DATE<br><b>6/24/53</b>           | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Neosho Cemetery</b>        |
|  |                                       | 24d. LOCATION (City, town, or county) (State)<br><b>Neosho, Mo.</b> |

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>6-24-53</b> | REGISTRAR'S SIGNATURE<br><b>Edith Williamson</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>H. H. LOHMEYER SPRINGFIELD, MO.</b> |
|--|--|--|

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

1740-2  
336

**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 Lucien J. Swobley

Licensed Embalmer No. 4815

P. O. Address Springfield

**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.