

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24391**

FILED AUG 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>120</u>	PRIMARY REG. DIST. NO. <u>4197</u>	Registrar's No. <u>92</u>
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Grant City Worth. Co.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		c. LENGTH OF STAY (Specify place) <u>5</u> yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City, Mo.</u> <u>1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harmony Hill Rest Haven</u>		d. STREET ADDRESS " (If rural, give location) " " "		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Nora May</u> b. (Middle) <u>Webber</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>May 6 1922</u>	9. AGE (In years last birthday) <u>71</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>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Near Oxford, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James Carter Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Ed Webber Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Helen Mullock Parnell, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> 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. <u>Parkinson's Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 yrs</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4918</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1949</u> , to <u>Aug 2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug 2</u> , 19 <u>53</u> , and that death occurred at <u>9:15</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>R. L. Mullogh</u> (Degree or title) <u>2nd</u>		23b. ADDRESS <u>Stanberry Mo.</u>	23c. DATE SIGNED <u>8-3-53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oxford</u>	24d. LOCATION (City, town, or county) (State) <u>Smalls E. of Parnell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 5 53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>462</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Latoy F. Phillips Stanberry</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

80
4

300
48

740

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

Leroy F. Plellier

Licensed Embalmer No. 1898

P. O. Address St. Louis, 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.