

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31155

FILED SEP 23 1953

State File No. _____
Registrar's No. 391

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 543		State File No. _____		Registrar's No. 391					
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff			0120				
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Route #5				d. STREET ADDRESS (If rural, give location) Route #5									
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) Fredrick			c. (Last) Webb			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 6, 1899		9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR 3 Days		11. IF UNDER 24 HRS. 1 Hour	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Albonion, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME James O. Webb				13b. MOTHER'S MAIDEN NAME Annie Right				14. NAME OF HUSBAND OR WIFE Lois Pollock Webb					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hallie Webb Poplar Bluff, Mo.							
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) Acute Coronary Occlusion Left ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis DUE TO (c) emphysema & atony II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 5020								20. AUTOPSY? YES <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00A m., from the causes and on the date stated above.													
23a. SIGNATURE Chooer W. Wheeler				(Degree or title) Coroner				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 9/17-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-9-53		24c. NAME OF CEMETERY OR CREMATORY Woodlawn				24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.					
DATE REC'D BY LOCAL REG. 9/18/53		REGISTRAR'S SIGNATURE R. H. Mentree				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.							

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

RECEIVED

SEP 21 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Grover W. Green*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff*

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.