

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5118**
782

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 10 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1329 PENNSYLVANIA AVENUE		e. STREET ADDRESS (If rural, give location) 1329 PENNSYLVANIA AVENUE	
3. NAME OF DECEASED a. (First) WALTER b. (Middle) ALBERT c. (Last) WEBB		4. DATE OF DEATH (Month) (Day) (Year) FEB. 16, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 14, 1909
9. AGE (In years last birthday) 40 44	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LUMBER COMPANY
11. BIRTHPLACE (City and State or Foreign Country) ELWOOD, NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALBERT WEBB		13b. MOTHER'S MAIDEN NAME ALICE CAMBRIDGE	
14. NAME OF HUSBAND OR WIFE MARV L. WEBB		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 549-18-2809		17. INFORMANT'S SIGNATURE OR NAME Mrs. MARV L. WEBB ADDRESS 1329 Pennsylvania Avenue	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency and pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis Causing hypertrophy and degeneration. DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralytic disease of liver and kidneys		INTERVAL BETWEEN ONSET AND DEATH 1 hour ? ? ?	
19a. DATE OF OPERATION 1/19/54		19b. MAJOR FINDINGS OF OPERATION Fracture left patella		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lumber yard		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Wyandotte Kansas	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 18 1954 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slab fell on left knee	

22. I hereby certify that I attended the deceased from **1/18**, 1954, to **2/16**, 1954, that I last saw the deceased alive on **2/16**, 1954, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. L. FRANCIS (Degree or title) MD		23b. ADDRESS 1200 Krumm Bldg - KC Kans		23c. DATE SIGNED 2/18/54	
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE FEB. 19, 1954		24c. NAME OF CEMETERY OR CREMATORY OVERBROOK CEMETERY	
24d. LOCATION (City, town, or county) (State) OVERBROOK KANSAS		25. FUNERAL DIRECTOR'S SIGNATURE H. J. Newcomer ADDRESS 1321 South Crier Blvd.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1321 South Crier Blvd. KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 2-19-54		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1321 South Crier Blvd. KANSAS CITY, MISSOURI	

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Robert E. Herro*.....

Licensed Embalmer No. *48*.....

P. O. Address *R. E.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.