

STANDARD CERTIFICATE OF DEATH 5572 State File No. 9090

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 1570 PRIMARY REG. DIST. NO. 1241 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY CHARLES Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give town) Independence Rural			c. LENGTH OF STAY (in this place) 24 Hrs	c. CITY (If outside corporate limits, write RURAL and give township) Oak Grove			7000				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co Emergency Hos				d. STREET ADDRESS (If rural, give location) City							
3. NAME OF DECEASED (Type or Print)		a. (First) Charles	b. (Middle) R	c. (Last) Webb		4. DATE OF DEATH (Month) (Day) (Year) Mar 3 1954					
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 19-1875		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY A P		11. BIRTHPLACE (State or foreign country) Oak Grove Mo			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Lewis Webb			13b. MOTHER'S MAIDEN NAME Hattie Patton			14. NAME OF HUSBAND OR WIFE Genelia 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 Genelia Webb, Oak Grove Mo						ADDRESS 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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute nephritis				DUE TO (b) Acute pyelo-nephritis						10 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) 0						4 Mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				0							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ITO		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) 00		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 Jan. 1920, 19 , to Feb. 28, 1954 , that I last saw the deceased alive on Feb. 28, 1954 and that death occurred at 8 AM m., from the causes and on the date stated above.											
23a. SIGNATURE (Type or Print) 					23b. ADDRESS Oak Grove, Mo.			23c. DATE SIGNED 3/1/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 3 54		24c. NAME OF CEMETERY OR CREMATORY Oak Grove			24d. LOCATION (City, town, or county) (State) Oak Grove Mo				
DATE REC'D BY LOCAL REG. Mar. 4 54		REGISTRAR'S SIGNATURE N. B. Longfield			25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home			ADDRESS Oak Grove Mo			

10/20/19

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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.