No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11113

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5036 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN: Rural RFD Wilson On St Route
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 15-16 Miles N of Mexico

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: ~~Missouri~~ Mexico
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 105 A S. Washington

0043

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Junior
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Unknown~~ SINGLE
8. DATE OF BIRTH: June 2, 1924
9. AGE (In years last birthday): 29
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): Maintenance worker
10b. KIND OF BUSINESS OR INDUSTRY: Mo.P&L Co.
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Willie Webb
13b. MOTHER'S MAIDEN NAME: Betty Osborn
14. NAME OF HUSBAND OR WIFE: ~~Unknown~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 494-30-9550
17. INFORMANT'S SIGNATURE OR NAME: Leslie Webb, Sedalia, Mo.
ADDRESS:

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) Inquest with jury. The deceased was killed on Highway #15 about 16 miles North West of Mexico

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Missouri in an Automobile, driver was John W. Gola. Accident caused by the car
DUE TO (c) becoming out of control on a curve.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Fracture of third and fourth cervical vertibra and inernal hemmorrhage of the left lung, other minor injuries.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #15
21c. (CITY, TOWN, OR TOWNSHIP): Wilson (COUNTY): Audrain 044 (STATE): Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 16 1954 8P. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* Inquest with Jury, 19____, *that I last saw the deceased alive on* April 16, 19 54, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

Died

23a. SIGNATURE: L. C. Adams M.D. Coroner (Degree or title)
23b. ADDRESS: Mexico, Missouri
23c. DATE SIGNED: 4/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-17-54
24c. NAME OF CEMETERY OR CREMATORY: Sedalia Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: April 17-1954
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Ewing Funeral Home - Sedalia, Mo.
ADDRESS: Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clevo Arnold Jr

Licensed Embalmer No. 35

P. O. Address Mexic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.