No. 300
10-48

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14612

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 21

990

1. PLACE OF DEATH
a. COUNTY SCOTLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MEMPHIS
c. LENGTH OF STAY (in this place) 80 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE SAME
b. COUNTY
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location)

990

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) BROWN c. (Last) WEBB

4. DATE OF DEATH (Month) APR (Day) 17 (Year) 1954

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 10-19-1871
9. AGE (In years last birthday) 82 | 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) BRICK MASON
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) MEMPHIS Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH WEBB
13b. MOTHER'S MAIDEN NAME MARY COOPER
14. NAME OF HUSBAND OR WIFE ANNA WEBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Anna Webb ADDRESS Memphis 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) Carcinoma of Rt Lung — INTERVAL BETWEEN ONSET AND DEATH 6 Mo

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 Arterio Sclerotic Heart Disease 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 163X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 22, 1954, *to* April 17 1954, *that I last saw the deceased alive on* April 17, 1954, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE E. E. Gilfillan (Degree or title) M.D.
23b. ADDRESS Memphis Mo
23c. DATE SIGNED 4/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4-19-1954
24c. NAME OF CEMETERY OR CREMATORY MEMPHIS
24d. LOCATION (City, town, or county) MEMPHIS (State) Mo

DATE REC'D BY LOCAL REG. 4/24/54
REGISTRAR'S SIGNATURE Vera G. Turner 476
25. FUNERAL DIRECTOR'S SIGNATURE W. W. Payne & Sons ADDRESS Memphis 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. Neal Payne

Licensed Embalmer No. 255

P. O. Address Memphis

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.