

19317

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

10. 300  
10. 48  
see 3

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>JACKSON (Blue)</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>	
b. CITY (If outside corporate limits, write RURAL and give CITY OR TOWN <u>ATHERTON</u> )		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place township) <u>1 month</u>		d. 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 <u>MANAGER AT Atherton, Mo.</u>		f. STREET ADDRESS (If rural, give location) <u>1400 N. 3rd St. 3108</u>	
3. NAME OF DECEASED (Type or Print) <u>Peter Webb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Found June 14, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W. O. C.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>UNKNOWN</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed Tavern</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	9. AGE (In years last birthday) <u>—</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Joseta, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Webb</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Willie Webb</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Harris</u> ADDRESS <u>640 E. K. B. 1st</u>	
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) <u>Death by Drowning</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E9298 42</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <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) <u>7 CO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Deputy Coroner</u>		23b. ADDRESS <u>1618 Lydia Ave.</u>	
23c. DATE SIGNED <u>6/15/54</u>		24a. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
24a. BURL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>JUNE 16, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>West Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-18-54</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Davis</u> ADDRESS <u>1415 E. TRUMAN</u>	

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

APR 27 1954

7-0-537

**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 *Landis H. Jackson*

Licensed Embalmer No. *485*

P. O. Address *K. L. M.*

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.