

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27813

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3321</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Avondale</u>		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 <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>6000</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WOODSON</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>WEBB</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1954</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Car loader - Internat'l. Milling Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>March 13, 1891</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____			
11a. BIRTHPLACE (City and State or Foreign Country) <u>Plattsburg, Missouri</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William K. Webb</u>			
13b. MOTHER'S MAIDEN NAME <u>Cora Dickson</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Webb</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leona Webb, Avondale, Missouri</u>		17. INFORMANT'S SIGNATURE OR NAME		17. INFORMANT'S SIGNATURE OR NAME		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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Essential Hypertension</u>					
				DUE TO (c) <u>Generalized Cortical sclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or conditions causing death.				331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 1952</u> to <u>July 13, 1954</u> ; that I last saw the deceased alive on <u>July 12, 1954</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Bernard L. Mullins, M.D.</u> (Type or title)				23b. ADDRESS <u>1808 Surf St. Ink 16 Mo</u>		23c. DATE SIGNED <u>7-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Clay County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-15-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SPINE & McCLOURE UND. CO.</u>		ADDRESS <u>K.C.MO.</u>			

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

Sir. Bernard L. Mullins
1806 Swift -
No. 2414

Exp.

PW

About 8:00 am. Thurs. a.m.

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..... *F. S. Waller*

Licensed Embalmer No. *274*

P. O. Address..... *K.C.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.