

FILED AUG 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28539

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Newburg</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Newburg</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORDELL</u> b. (Middle) <u>CYRUS</u> c. (Last) <u>WEBB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 30 1878</u>		9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired US Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and State or Foreign Country) <u>Steelville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Ferdinand Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Herrington</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Webb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred W. Webb</u> ADDRESS <u>Newburg Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>56 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis + Hypertension</u> <u>6 yrs</u>		
	DUE TO (c) <u>Cardiovascular renal disease</u> <u>10 yrs</u>		
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>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Nov, 1942, to Aug 7, 1954, that I last saw the deceased alive on Aug 7, 1954, and that death occurred at 10.45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard C. Myers M.D.</u> (Degree or title)		23b. ADDRESS <u>Newburg, Mo</u>		23c. DATE SIGNED <u>Aug 9 1954</u>	
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24a. BURIAL, CREMATION, RESHOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 10 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St James Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>St James Mo</u>	
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DATE REC'D BY LOCAL REG <u>Aug 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> 520		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> ADDRESS <u>Newburg Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI ARCHIVE SYSTEM

Principals County Health Officer,

County File Number _____

Date Filed AUG 18 1954

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 Lee Johnson
Licensed Embalmer No. 3392

P. O. Address Newburg Mo

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.

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