

FILED NOV 9 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32974

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>5 days</b>		e. STREET ADDRESS (If rural, give location) <b>500 East Ft Scott St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) _____ c. (Last) <b>Webb</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 31 1954</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>May 31 1868</b>
9. AGE (In years) (Month) (Day) (Year) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Deardstown Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Joseph M Webb</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Carr</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>nobe</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lewis M Webb Pleasanton Kans.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>labor pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
II. ANTECEDENT CAUSES Morbidity 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.		

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) 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 **Oct. 26, 1954** to **Oct. 31, 1954**, that I last saw the deceased alive on **Oct. 31, 1954**, and that death occurred at **8:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. S. Lathrop M.D.</b>	23b. ADDRESS <b>Butler Missouri</b>	23c. DATE SIGNED <b>11-2-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/2/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill</b>
24d. LOCATION (City, town, or county) (State) <b>Butler Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Culver Underwood Butler Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 2. 54</b>	REGISTRAR'S SIGNATURE <b>Rendall Kernig</b>	

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

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**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.....

Licensed Embalmer No. 358

P. O. Address. Butler

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.