

FILED JUL 19 1955

STANDARD CERTIFICATE OF DEATH

State File No. 21560

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cameron</b>		c. CITY OR TOWN <b>Polo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 days</b>		e. STREET ADDRESS (If rural, give location) <b>0139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Hosp</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Smith</b>	b. (Middle) <b>O</b>	c. (Last) <b>Webb</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>7 13 55</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>9-21-1873</b>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>81</b>	IF UNDER 1 YEAR: MONTHS	IF UNDER 1 YEAR: DAYS	IF UNDER 1 YEAR: HOURS	IF UNDER 1 YEAR: MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Warsaw, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Oliver Webb</b>	13b. MOTHER'S MAIDEN NAME <b>Minda Olive Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Lura A. Webb</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. SIGNED BY SIGNATURE OR NAME <b>Forest Webb, Polo, Missouri</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 11, 1955, to July 13, 1955, that I last saw the deceased alive on July 12, 1955, and that death occurred at 12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Jones MD</b>	23b. ADDRESS <b>Cameron, MO</b>	23c. DATE SIGNED <b>7-15-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7-15-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Prarie Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Caldwell Co Mo</b>
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DATE REC'D BY LOCAL REG. <b>7-15-55</b>	REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cramer Clark</b>	ADDRESS <b>Kingston, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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... *Cramer Clark* .....

Licensed Embalmer No... *32* .....

P. O. Address... *Kingst* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.