

FILED DEC 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6039 Stat File No. 37878

BIRTH NO. _____		REG. DIST. NO. <u>501</u>		PRIMARY REG. DIST. NO. <u>44750</u>		Registrar's No. <u>584</u>			
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural. Johnson Twp</u>		c. LENGTH OF STAY (in this place) <u>2 weeks.</u>		c. CITY OR TOWN <u>Rural.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>16 mi. N.E. of Doniphan, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>16 mi. N.E. of Doniphan, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>James</u> c. (Last) <u>Webb.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1955</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>June 4, 1889.</u>			
9. AGE (In years last birthday) <u>66.</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical Trade.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edwardsville, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Webb.</u>			13b. MOTHER'S MAIDEN NAME <u>unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Irene L. 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>446-14-1461.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene L. Webb, Fairdealings, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>44 HOURS.</u> <u>15 years.</u>	
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 <u>11-16</u> , 19 <u>55</u> , to <u>11-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-23</u> , 19 <u>55</u> , and that death occurred at <u>10:09</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Henry R. Roy, D.O.</u>				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>11-26-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>Nov. 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery, Doniphan, Missouri.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>11-27-55</u>		REGISTRAR'S SIGNATURE <u>W.D. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roy Means, Doniphan, Mo.</u>					

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

JAN 17 1957

JAN 10 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ray Messer*

Licensed Embalmer No.. *374*

P. O. Address. *Doniph*

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