

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37946

State File No.

FILED NOV 22 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give town) FARMINGTON-RURAL	c. LENGTH OF STAY (In this place) 10 days	c. CITY OR TOWN ELVINS	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 MINERAL AREA OSTEO. HOSP.		e. STREET ADDRESS (If rural, give location) 623 ETHEL ST.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) RILEY c. (Last) WEBB			4. DATE OF DEATH (Month) (Day) (Year) Nov-9-1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 3, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 6 Days 6 Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME LEVI WEBB	13b. MOTHER'S MAIDEN NAME JANE WOODS	14. NAME OF HUSBAND OR WIFE IDA WEBB
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorman Webb, St. Louis, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition 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) (Min.)	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 10-31-, 1955, to 11-9-, 1955, that I last saw the deceased alive on 11-8-55, 1955, and that death occurred at 9:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.D. Morris, M.D.	23b. ADDRESS Elvins, Mo.	23c. DATE SIGNED 11-9-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY BOSS CEM.
24d. LOCATION (City, town, or county) (State) BOSS, MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell Filath River, Mo.	
DATE REC'D BY LOCAL REG. Nov 9, 1955	REGISTRAR'S SIGNATURE Ether Redloff	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *R. Caldwell*

Licensed Embalmer No. *253*.....

P. O. Address *Flat Ru*.....

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.