

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1956

State File No. 602

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 602

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 OR TOWN <u>Doniphan.</u>	c. LENGTH OF STAY (in this place) <u>10 days.</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>12 mi. west of Doniphan.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Jane</u> c. (Last) <u>Webb.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14, 1956.</u>
--	---

5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>Oct. 11, 1868.</u>	9. AGE (In years last birthday) <u>87.</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>	IF UNDER 24 HRS. Hours _____ Min. _____
-----------------------	--------------------------------	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tunnel Hill, Illinois.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Robert Boner.</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Huett.</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel J. 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>Hope Webb. Gatewood Mo.</u>	ADDRESS _____
--	------------------------------------	--	---------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia.</u>		<u>1 year.</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>10 years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip.</u>		<u>10 days.</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4500F</u>	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 2-5, 1956, to 2-14, 1956, that I last saw the deceased alive on 2-14, 1956, and that death occurred at 5:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>2/15/56</u>
-------------------------------------	------------------------------	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 16, 1956.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-16-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Measor.</u>	ADDRESS <u>Doniphan, Mo.</u>
---	--	---	------------------------------

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..... *Ray Meamer*

Licensed Embalmer No. *374*

P. O. Address *Doniphan*

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.