

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9415

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Independence		c. LENGTH OF STAY (In this place) 50yrs	c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1700 S. Noland Rd.			f. STREET ADDRESS (If rural, give location) 1700 S. Noland Rd.		
3. NAME OF DECEASED (Type or Print) MR. HENRY CLAY WEBB			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1956		
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1883		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Buckner, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Preston Webb		13b. MOTHER'S MAIDEN NAME Mary Perry		14. NAME OF HUSBAND OR WIFE Myra Webb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-16-5961B	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myra Webb Indep, Mo.		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Coronary Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had severe bacterial endocarditis March 11-15-1946				INTERVAL BETWEEN ONSET AND DEATH Instant 1 year 1 year
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)		4201
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?			
22. I hereby certify that I attended the deceased from <u>11</u> , 19 <u>56</u> to <u>3-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-11</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. H. Allen M.D.			23b. ADDRESS Independence Mo		23c. DATE SIGNED 3-17-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 19, 1956	24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Indep, Mo.	
DATE REC'D BY LOCAL REG. 3-19-56	REGISTRAR'S SIGNATURE James [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ott & Mitchell, Indep, Mo.		

(Deceased Embalmers' 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 *Jason T White*.....
Licensed Embalmer No. *49*.....

P. O. Address *Indep.*.....

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.