

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17476

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 191

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 c. CITY OR TOWN Knob Lick, Mo.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre, Mo.		c. LENGTH OF STAY (in this place) 2 Wks.	c. CITY OR TOWN Knob Lick, Mo.		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 Bonne Terre Hospital			e. STREET ADDRESS (If rural, give location) R.R.		

3. NAME OF DECEASED (Type or Print) a. (First) Dollie b. (Middle) Harrington c. (Last) Webb			4. DATE OF DEATH (Month) (Day) (Year) May 18 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 24 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Knob Lick, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Harrington		13b. MOTHER'S MAIDEN NAME Ellen Snyder		14. NAME OF HUSBAND OR WIFE John Byars Webb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hazel Webb ADDRESS Knob Lick, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES. Hypertensive Cardiovascular disease.		
	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. Generalized arteriosclerosis yrs			
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)	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 Jan, 1955, to May 18, 1956, that I last saw the deceased alive on May 18, 1956, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Carleton, M.D.	23b. ADDRESS Farmington MO	23c. DATE SIGNED 5-19-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20, 1956	24c. NAME OF CEMETERY OR CREMATORY Knob Lick Cem.	24d. LOCATION (City, town, or county) (State) Knob Lick Mo.
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DATE REC'D BY LOCAL REG. May 19, 1956	REGISTRAR'S SIGNATURE S. E. Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Cozean ADDRESS Farmington, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

0.300
0.48

9561 7 2 7001 JUN 24 1956

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.....
C. H. Cozian

Licensed Embalmer No. *40*

P. O. Address *Farmington*

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.