

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. W. W. ...
21342
State File No.

FILED AUG 6 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>90</u>				
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Mo</u>				b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, give RURAL and give township) <u>Brookfield</u>			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Brookfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 Nicholas</u>				e. STREET ADDRESS (If rural, give location) <u>314 Nicholas</u>				<u>8589</u>		
3. NAME OF DECEASED (Type or Print) <u>BERTHA</u>			a. (First)		b. (Middle) _____		c. (Last) <u>WEBB</u>			
4. DATE OF DEATH		(Month) (Day) (Year)		<u>July-28-1956</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Aug-13-1887</u>		9. AGE (in years last birthday) <u>68</u> 10. UNDER 1 YEAR <u>11</u> 11. MONTHS <u>10</u> 12. DAYS <u>10</u> 13. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done at the most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Birmingham Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Hochimer</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Fox</u>			14. NAME OF HUSBAND OR WIFE <u>Ollie Webb</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Webb</u>		ADDRESS <u>Brookfield 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>Cerebral 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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>5 min</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) _____		21d. (COUNTY) _____		21e. (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 <u>7-27</u> , 19 <u>56</u> , to <u>7-28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-27</u> , 19 <u>56</u> , and that death occurred at <u>10:00 P</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>John R. Dixon M.D.</u>					23b. ADDRESS <u>Brookfield Mo</u>			23c. DATE SIGNED <u>7-28-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakeside Cemetery</u>		24d. LOCATION (City, town, or county) <u>Chariton Co. Mo</u>		(State) _____		
DATE REC'D BY LOCAL REG. <u>7-30-56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield*

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.