

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8951

STATE FILE NUMBER 1323

FILED APR 10 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

health, Welfare Public Service  
300  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3744 Bennington</b>				Length of stay in hb. <b>10 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>3744 Bennington</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>W.</b> Last <b>Webb</b>			4. DATE OF DEATH Month <b>Mar.</b> Day <b>19</b> Year <b>1957</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 22, 1879</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco Lines</b>		11. BIRTHPLACE (City and state or country) <b>Danville, W. Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Albert Webb</b>				14. MOTHER'S MAIDEN NAME <b>Georgia Husk</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>702-03-7243</b>		17. INFORMANT <b>Mrs. Anna Schilon</b> Address <b>3744 Bennington</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> DUE TO (b) <b>Acute Myocardial Insufficiency</b> DUE TO (c) <b>Arterial Hypertension 443x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Arterial Hypertension 443x</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>1 week</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <b>10:23</b> Month <b>P</b> Day <b>19</b> Year <b>1957</b>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <b>Dec. 1956</b> to <b>March 19, 1957</b> and last saw <b>him</b> <b>Mar. 19, 1957</b> <b>alive</b> on <b>March 19, 1957</b> . Death occurred at <b>10:23</b> <b>P</b> <b>m</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (In ink or type) <b>Kenneth A. Davis M.D.</b>				22b. ADDRESS <b>201 Plaza Theater Bldg Kansas City, Mo.</b>		22c. DATE SIGNED <b>3-20-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/22/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Ceme.</b>		23d. LOCATION (City, town, or county) <b>Kansas City Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Earp &amp; Sons 4139 Truman Rd. K.C.</b>			25. DATE RECD. BY LOCAL REG. <b>3-21-57</b>		26. REGISTRAR'S SIGNATURE <b>Wm. Minshall</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Kenneth A. Davis

MIN  
P. 122

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *William J. Cope*

Licensed Embalmer No. 41

P. O. Address *J.C.*

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.

