

THE DIVISION OFFICER OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12673  
STATE FILE NUMBER

FILED APR 26 1957

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 140

Health & Welfare Public Service  
300-1-56  
All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Rural-Union-Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Campbell</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Campbell, Rte. 1</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>Campbell, Rte. 1</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Alcie</b> Middle <b>Irene</b> Last <b>Webb</b>				4. DATE OF DEATH Month <b>April</b> Day <b>10</b> , Year <b>1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 7, 1907</b>		9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>J. T. Wilson</b>				14. MOTHER'S MAIDEN NAME <b>Ruby Owens</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Howard L. Webb, Campbell, Mo. Rte. 1</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 Embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Thrombo-phlebitis Left leg</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b> <b>10 days</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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
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 <b>463x</b>		20g. COUNTY <b>Walden Mo</b>		20h. STATE
21. I attended the deceased from <b>4-1-1957</b> to <b>4-10-1957</b> and last saw her alive on <b>4-10-57</b> Death occurred at <b>10:20p</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>L. S. Mitchell M.D.</b> (Degree of title)				22b. ADDRESS <b>Walden Mo</b>		22c. DATE SIGNED <b>4-17-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Burial</b>		<b>Apr. 16, 1957</b>	<b>Oak Ridge Cemetery</b>		<b>Kennett, Missouri</b>			
24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4-20-57</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Paula D. Campbell</b>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 4-23  
COUNTY FILE NUMBER ..... 451

MAY 1 1951

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 *Christina M. Landrum* .....

Licensed Embalmer No. *22*

P. O. Address *Campbell*

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.