V.S. No. 300
Rev. 10.48

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017555
State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 103

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sni Bar Oak Grove
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sni Bar
d. STREET ADDRESS (If rural, give location): 2 Miles south On cemetery Rd

3. NAME OF DECEASED (Type or Print)
a. (First): Jasper
b. (Middle): M
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): 5 19 1957

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 1 1881
9. AGE (In years last birthday): 76 — If under 1 year: Months 3 Days 18 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Oak Grove, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John P Webb
13b. MOTHER'S MAIDEN NAME: Susan E Philpot
14. NAME OF HUSBAND OR WIFE: Verna 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.: 078-05-1120
17. INFORMANT'S SIGNATURE OR NAME: Verna Webb — ADDRESS: Oak Grove 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Endocarditis subacute — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arthritis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none — 4214
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) OK (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1947, *to* May 1, 1957, *that I last saw the deceased alive on* May 1, 1957, *and that death occurred at* 6:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Lester M.W.
23b. ADDRESS: Oak Grove Mo
23c. DATE SIGNED: 5-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20 1957
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Oak Grove Mo

DATE REC'D BY LOCAL REG.: 5-24-57
REGISTRAR'S SIGNATURE: N. B. Langsford
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Webb Funeral Home Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
JUN 4 1957

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 _____
Student Embalmer

Signed Kenneth L. Rayer

Licensed Embalmer No. 4591

P. O. Address Oak Grove Mo.

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 this body is not embalmed, fact should be so stated above.