

Health, Welfare
Public
Service

FILED SEP 19 1957

STANDARD CERTIFICATE OF DEATH

30999
STATE FILE NUMBER 543

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 543

300
-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Piedmont (Rural)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital		d. STREET ADDRESS (If outside, give location) Lakerock	
Length of stay in lb 2 Day		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Rita Lucille Webb			4. DATE OF DEATH Month Day Year Sept. 3 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12 1995
9. AGE (In years last birthday) 12		IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) School Girl		10b. KIND OF BUSINESS OR INDUSTRY Grade	11. BIRTHPLACE (City and state or country) Alton, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Daniel Webb	
13b. MOTHER'S MAIDEN NAME Lossie Freda Graham		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT Address Mrs Lossie Webb Piedmont, Mo.
18. CAUSE OF DEATH (Enter one cause only for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Intestinal Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) cause not determined			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 578X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> 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 9-1-56 to 9-2-57 and last saw her alive on 9-3-57 Death occurred at 12:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Neuman (Degree or title)		22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 9-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-5-57	23c. NAME OF CEMETERY OR CREMATORY Julian Cem.	23d. LOCATION (City, town, or county). (State) Wayne Co. Mo.
24. FUNERAL DIRECTOR William Cook Piedmont Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 9/9/57	26. REGISTRAR'S SIGNATURE R. H. Neuman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 16 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Coder Funeral Home, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont

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.