

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2111

STATE FILE NUMBER

FILED JAN 27 1958

238

4355

4

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

Health, Welfare and Public Service
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN New Madrid		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Length of stay in lb	d. STREET ADDRESS (If outside, give location) Water Street			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clarence Middle Edward Last Webb				4. DATE OF DEATH Month January Day 17 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 8, 1901		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) New Madrid, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry Webb				14. MOTHER'S MAIDEN NAME Adah Stockdale			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 710-01-8947		17. INFORMANT Address Mrs. Pauline Webb, New Madrid, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tubercular Pneumonia - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Phthisis DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						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.) 002X				
20c. TIME OF INJURY Hour _____ 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		COUNTY	STATE
21. I attended the deceased from Jan 17 1958 to Jan 17-1958 and last saw ^{them} him alive on Jan 15-1958 Death occurred at 4:30 P.M. on the 17th day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) O. B. Chandler M.D.				22b. ADDRESS New Madrid Mo		22c. DATE SIGNED 1/17/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 19 Jan 58	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) (State) New Madrid, Missouri			
24. FUNERAL DIRECTOR Richards Undertaking Co. Mo.			ADDRESS New Madrid,	25. DATE RECD. BY LOCAL REG. 20 Jan 58		26. REGISTRAR'S SIGNATURE Fay Reddyseth	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 2 1958
DATE RECEIVED
NEW MADRID CO. HEALTH CENTER

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 *Tommy L. Doherty*
Licensed Embalmer No. *488*
P. O. Address *New Madrid*

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.