

X No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013902  
Stat. File No. ....

FILED APR 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 424

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>50 days</b>		e. STREET ADDRESS (If rural, give location) <b>1628 N. ROBBERTSON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGE HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HAROLD</b> b. (Middle) _____ c. (Last) <b>WEBB</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 19 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>AUG. 17 1882</b>	9. AGE (In years last birthday) <b>75</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>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DRUG SALESMAN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>UNIONVILLE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>HERBERT NELSON WEBB</b>	13b. MOTHER'S MAIDEN NAME <b>MARY HELEN ESSELSTYN</b>	14. NAME OF HUSBAND OR WIFE <b>AGNES LEAH WEBB</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY # <b>491-03-4168A</b>	17. INFORMANT'S SIGNATURE AND NAME <b>MRS. F. F. E. McJIMSEY</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral contusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Auto accident</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>E. Division St. Rd.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield, Greene, 133 Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 19 58</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Was hit broadside by another car</b>
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22. I hereby certify that I attended the deceased from **4-19-58** from **14:30 PM**, 19 **58**, to **1:20 PM**, 19 **58**, that I last saw the deceased alive on **4-19-58**, 19 **58**, and that death occurred at **1:20 P** m., from the causes and on the date stated above.

23a. SIGNATURE 	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Springfield, Missouri</b>	23c. DATE SIGNED <b>4-22-58</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/23/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. MARY'S CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>4-22-58</b>	REGISTRAR'S SIGNATURE 	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. LOHMEYER</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ <sup>not</sup> embalmed

by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. R. McCann*.....

Licensed Embalmer No. *2727*

D. No. Address *Spangue*.....

*not*  
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.