

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038538

STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 324 Primary Registration District No. 307 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon			Length of stay in 1b 1 hr 45Min		d. STREET ADDRESS 228 E. Maple		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Josephine First May Middle Webb Last				4. DATE OF DEATH 11-1-58 Month Day Year					
5. SEX Female		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 3-27-1879		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Cedar County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME G. Earls				14. MOTHER'S MAIDEN NAME Elizabeth Mc Mellen					
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 Mr. Jake Webb Slater, Mo. Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Hypertensive Cardio-Vascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443 X								INTERVAL BETWEEN ONSET AND DEATH 24 hours	
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		COUNTY		STATE	
21. I attended the deceased from April 1953 to Oct 31 and last saw her ^{her} _{him} alive on Oct 31-58 Death occurred at 9 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. Nelson (Degree or title)				22b. ADDRESS 313 1/2 N. 16th Slater		22c. DATE SIGNED 11-1-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-3-58		23c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery		23d. LOCATION (City, town, or county) (State) Slater, Missouri.			
24. FUNERAL DIRECTOR Haines Funeral Home Slater, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 11-3-58		26. REGISTRAR'S SIGNATURE Cecil G. Reed			

(Licensed Embalmer's Statement on Reverse Side)

with, all, public, service

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NELSON SWAREZ

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter J. Haines*

Licensed Embalmer No. *4*

P. O. Address *Flat*

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.