

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5834 59-002257

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 11

300 /  
1-57

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY OR TOWN <b>Marion Township</b>		c. CITY OR TOWN <b>Carthage</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rte 1 Granby</b>		d. STREET ADDRESS (If outside, give location) <b>814 Sophia</b>	
3. NAME OF DECEASED (Type or print) <b>ARTHUR WEBB</b>		4. DATE OF DEATH Month <b>Jan</b> Day <b>26</b> Year <b>1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 9, 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	
11. BIRTHPLACE (City and state or country) <b>Warrensburg, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas H. Webb</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Young</b>	
14. NAME OF HUSBAND OR WIFE <b>Esta M. Webb</b>		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 NO. <b>none</b>		17. INFORMANT <b>Arthur Marble, Diamond, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Non-specific pneumonitis</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>492x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 10 days</b>	
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Carthage, Mo</b>	
21. I attended the deceased from <b>16 Jan '59</b> to <b>26 January '59</b> and last saw him alive on <b>21 Jan '59</b> Death occurred at <b>Test's Rest Home</b> <b>26 Jan 59</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>M.D. C</b>	
22b. ADDRESS <b>612 Main, Carthage, Mo</b>		22c. DATE SIGNED <b>1-26-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>1-28-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Diamond Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Diamond, Mo</b>
24. FUNERAL DIRECTOR <b>KNELL MORTUARY</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 28, 1959</b>	
26. REGISTRAR'S SIGNATURE <b>Melvin C. Bowman, M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 D. L. Isbell .....

Licensed Embalmer No. 4970 .....

P. O. Address Cottage 9M .....

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.