

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022181

STATE FILE NUMBER

FILED JUL 2 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 182

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R.F.D. Monroe City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) Pee Dee Community
3. NAME OF DECEASED (Type or print) First Middle Last Mark Edward Webb		4. DATE OF DEATH Month Day Year June 20, 1959	
5. SEX Male	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 June 17, 1959
9. AGE (In years last birthday) 0 Months 0 Days		IF UNDER 1 YEAR Hours Min. 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hannibal Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Roy, Edward Webb	
13b. MOTHER'S MAIDEN NAME Anna Dorothy Gay		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or date of discharge) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Roy E. Webb Monroe City Mo. R.F.D.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Premature birth DUE TO (c) Premature labor			INTERVAL BETWEEN ONSET AND DEATH 48 hr
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 checked="" type="checkbox"/> NO <input 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 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 6-17-59 to 6-20-59 and last saw him alive on 6-20-59 Death occurred at 7:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Francis R. Burns, M.D.		22b. ADDRESS Hannibal, Missouri	22c. DATE SIGNED 6-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/21/1959	23c. NAME OF CEMETERY OR CREMATORY Andrew Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Belltown, Missouri
24. FUNERAL DIRECTOR Harold Garner	ADDRESS Monroe City Mo.	25. DATE RECD. BY LOCAL REG. 6-25-59	26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke, By W. C. Fisher

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DATE FILED
JUL 1 1959

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 James J. Turner

Licensed Embalmer No. 3720
P. O. Address Monroe City

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.