

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035050

FILED VS NOV 9 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 328

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 1 Wk		c. CITY OR TOWN La Plata,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirks. Osteo Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELPHA DELL WEBBER				4. DATE OF DEATH Month Day Year Oct 28, 1959				
5. SEX F.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-6-85	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 10 Days 22	IF UNDER 24 HR Hours -- Min. --	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Cafe Owner			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) La Plata Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac T. Gross			13b. MOTHER'S MAIDEN NAME Martha A. Maze			14. NAME OF HUSBAND OR WIFE Walter Guy Webber		
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. 486-38-6525		17. INFORMANT Address Mrs Eva Rigg, La Plata, 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) Chronic Lymphocyte Leukemia							INTERVAL BETWEEN ONSET AND DEATH 6 to 8 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year						
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 October 24, 1959 to Oct. 28, 1959 and last saw ^(her) him alive on October 28, 1959 Death occurred at 8:45 p. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Richard H Turner M.D.				22b. ADDRESS 800 W. Jefferson Kirksville, Mo.			22c. DATE SIGNED Nov 2, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 1, 1959	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery			23d. LOCATION (City, town, or county) (State) La Plata, Mo.		
24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo.			25. DATE RECD. BY LOCAL REG. 11-4-1959		26. REGISTRAR'S SIGNATURE Norris W. Ratliff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 6 T AON SA

RICHARD H. TURNER, D.D.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, Mo

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.