

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039392

FILED VS. DEC 9 1959 72 Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 212 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Length of stay in 1b 2 weeks	c. CITY OR TOWN LATHROP
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) LATHROP
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ROBERT Middle REA Last Webb			4. DATE OF DEATH Month November Day 29 Year 1959			
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5. SEX MALE	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 July 14, 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GRAIN & STOCK	11. BIRTHPLACE (City and state or country) Plattsburg, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Benjamin F. Webb	13b. MOTHER'S MAIDEN NAME ANNA WOODWARD	14. NAME OF HUSBAND OR WIFE ORA JOE Webb
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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) NO	16. SOCIAL SECURITY NO. 490-16-0184	17. INFORMANT MRS. R.R. Webb LATHROP, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
IMMEDIATE CAUSE (a) Chronic Myelogenous Leukemia		
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
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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.) _____
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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 checked="" 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 _____
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21. I attended the deceased from Nov 15, 1959 to Nov 29, 1959 and last saw him alive on Nov 29, 1959 Death occurred at 7 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.P. Chiles M.D. (Degree or title)	22b. ADDRESS Smithville, Mo.	22c. DATE SIGNED 12-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec 2, 1959	23c. NAME OF CEMETERY OR CREMATORY LATHROP Cemetery	23d. LOCATION (City, town, or county) (State) LATHROP, Missouri
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24. GENERAL DIRECTOR C. RUDK. F. H. LATHROP, Missouri	25. DATE RECD. BY LOCAL REG. 12-3-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

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 John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Lathrop Me

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.