

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 0 4 4 8 5 3

State File No.

FILED VS JAN - 8 1960

BIRTH NO. X REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5823 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEW MADRID</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>120</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>N. of NEW MADRID, 8 MILES</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Webb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug-25-1933</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>26</u>
		11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>C. L. Webb</u>	13b. MOTHER'S MAIDEN NAME <u>Love Mae Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nelson Webb</u>
		ADDRESS <u>Rt #1 N.M.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CAR ACCIDENT</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FRACTURED SKULL</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>C72</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway #61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NEW MADRID NEW MADRID MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11:20</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fay Hedgepeth</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>New Madrid mo.</u>	23c. DATE SIGNED <u>12-26-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-30-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo.</u>
DATE REC'D BY LOCAL REG. <u>1/2/60</u>	REGISTRAR'S SIGNATURE <u>Fay Hedgepeth</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards Undert Co. New Madrid, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

51-0

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..... *L. B. Helge*

Licensed Embalmer No. *3803*

P. O. Address *New Medicine*

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.