

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000543

STATE FILE NUMBER

LED VS. FEB 15 1960 47

Primary Registration District No. 3008 Registrar's No. 45

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton | Length of stay in lb 2 Months | c. CITY OR TOWN & Fulton | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 517 Grand |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

| | |
|--|---|
| 3. NAME OF DECEASED (Type or print) First Willie Middle Goldie Last Webb | 4. DATE OF DEATH Month Feb. Day 10, Year 1960 |
|--|---|

| | | | | | | |
|-----------------------|----------------------------------|---|--|-------------------------------------|---|--|
| 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 Dec. 21, 1885 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
|-----------------------|----------------------------------|---|--|-------------------------------------|---|--|

| | | | |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoe Factory | 10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory Worker, Callaway County, Mo. | 11. BIRTHPLACE (City and state or country) USA | 12. CITIZEN OF WHAT COUNTRY USA |
|--|---|--|---|

| | | |
|---|--|--|
| 13a. FATHER'S NAME William Webb | 13b. MOTHER'S MAIDEN NAME Abbie Ann Adkins | 14. NAME OF HUSBAND OR WIFE none |
|---|--|--|

| | | | |
|--|---|--|---------|
| 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. 491 05 5975 | 17. INFORMANT Mrs. Nora May Willett, Fulton, Mo. | Address |
|--|---|--|---------|

| | | |
|--|--|----------------------------------|
| 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 |
| IMMEDIATE CAUSE (a) | Metastatic lipo-sarcoma left thigh, lymph nodes (Primary Site - it upper arm). onset ± 1947 | Since 1950 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) Terminal Hypostatic Pneumonia | |

| | |
|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal Hypostatic Pneumonia | 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 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 **June 1950** to **2/10/60** and last saw ^{him} alive on **2/10/60**
Death occurred at **2:10 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|--|-------------------|------------------------------------|------------------------------------|
| 22a. SIGNATURE Henry Dirsch M.D. | (Degree or title) | 22b. ADDRESS Fulton, Mo. | 22c. DATE SIGNED 2/12/60 |
|--|-------------------|------------------------------------|------------------------------------|

| | | | |
|--|-----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 13, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Millers Creek Cem. | 23d. LOCATION (City, town, or county) (State) Callaway County, Mo. |
|--|-----------------------------------|---|--|

| | | | |
|---|-------------------------------|---|--|
| 24. FUNERAL DIRECTOR Maejin Funeral Home, Fulton, Mo. | ADDRESS Fulton, Mo. | 25. DATE RECD. BY LOCAL REG. February 13-1960 | 26. REGISTRAR'S SIGNATURE Maretha Lawrence |
|---|-------------------------------|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 19 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 471

P. O. Address Fulton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.