URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 3 1960

60-015885
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN
Length of stay in 1b 41 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 210 CONNOR AVE. (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HORATIO Middle CLARK Last WEBSTER
4. DATE OF DEATH Month APRIL Day 19 Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-21-1892
9. AGE (last birthday) 68
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY JUNGE BAKING CO.
11. BIRTHPLACE (City and state or country) MANZANOLA, COLO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME OSWALD WEBSTER
13b. MOTHER'S MAIDEN NAME CELIA JEAN HIGGINS
14. NAME OF HUSBAND OR WIFE NELL WEBSTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. UNK
17. INFORMANT MRS. NELL WEBSTER, Address JOPLIN, MO. 210 CONNOR AVE.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Artery Disease with Infarction
INTERVAL BETWEEN ONSET AND DEATH 22 days
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-16-59 to 4-19-60 and last saw ~~her~~ him alive on 4-19-60
Death occurred at 5:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. R. Kuhn Jr. M.D.
22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.
22c. DATE SIGNED 4-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-21-60
23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY,
23d. LOCATION (City, town, or county) WEBB CITY, MISSOURI (State)

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 4-25-1960
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

MAY 3 '60

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_____ Signed F. M. Jones
Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin M

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