

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016040

FILED VS APR 18 1960

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Lincoln</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u>		Length of stay in 1b <u>6 days</u>		c. CITY OR TOWN <u>New Melle</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)				First <u>Doris</u> Middle <u>Lena</u> Last <u>Webbink</u>		4. DATE OF DEATH	
						Month <u>April</u> Day <u>12</u> Year <u>1960</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/30/1925</u>	
						9. AGE (last birthday) <u>34</u>	
						IF UNDER 1 YEAR	
						Months <u>10</u> Days <u>13</u>	
						IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home duties</u>		11. BIRTHPLACE (City and state or country) <u>Foristell, Mo.</u>	
13a. FATHER'S NAME <u>August G. Schemmer</u>				13b. MOTHER'S MAIDEN NAME <u>Rosa Sanker</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Fred Webbink</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>490-26-9024</u>		17. INFORMANT <u>Arthur Fred Webbink, New Melle, Missouri</u>	
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) <u>MEDULLARY FAILURE</u>				<u>3 day</u>			
DUE TO (b) <u>OVERWHELMING TOXEMIA</u>				<u>6 weeks</u>			
DUE TO (c) <u>CARCINOMATOSIS</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PRIMARY SITE (GRANULOSA-CELL CARCINOMA LEFT OVARY)</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u></u> Month, Day, Year <u></u>					
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 <u>4-6-60</u> to <u>4-12-60</u> and last saw her alive on <u>4-12-60</u>							
Death occurred at <u>8:55 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. Blackwell D.O.</u>				22b. ADDRESS <u>Troy Mo.</u>		22c. DATE SIGNED <u>4-14-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/15/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Lutheran Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>New Melle, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>T.J. Pitman, 909 Pitman Ave. Wentzville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4-14-1960</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Seek</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 1 1961

MAY 18 1961

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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Westville

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.