

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022332

FILED VS JUN 20 1960

38

Primary Registration District No. **3006**

Registrar's No. **349**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 10 days		c. CITY OR TOWN Stover		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) General Delivery		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First James Middle Lewis Last Webb				4. DATE OF DEATH Month June Day 12 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 2-15-85		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and state or country) Morgan County, Missouri			12. CITIZEN OF WHAT COUNTRY US				
13a. FATHER'S NAME James Webb				13b. MOTHER'S MAIDEN NAME Ann Wilson				14. NAME OF HUSBAND OR WIFE Nancy Katherine Webb					
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. None		17. INFORMANT Address Medical Record, U. of Mo. Med Center							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PROBABLE CARCINOMA OF THE LIVER										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 Month, Day, Year a.m. p.m.													
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 2, 1960 to DEATH and last saw ^{him} alive on JUNE 12, 1960 Death occurred at 7:30 P on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J S Sanders MD				22b. ADDRESS Univ. of Mo. Med Center				22c. DATE SIGNED 6/12/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 15, 1960		23c. NAME OF CEMETERY OR CREMATORY Locust Cemetery			23d. LOCATION (City, town, or county) (State) Morgan County, Mo.						
24. FUNERAL DIRECTOR Schriener-Stevenson F Home Versailles Mo.				25. DATE RECD. BY LOCAL REG. June 13 1960		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed

John R. Scrami

Licensed Embalmer No. *4880*

P. O. Address *Thruway, Md*

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.