

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027953

FILED VS JUL 28 1960

294

Primary Registration District No. 3056

Registrar's No. 183

STATE FILE NUMBER

ENDED

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY | | a. STATE Missouri b. COUNTY Chariton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly | | c. CITY OR TOWN Salisbury | |
| Length of stay in 1b 4 1/2 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital | | d. STREET ADDRESS (If outside, give location) 303 East Front St. | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|-------------------------------|--|--|---|--------------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First | Middle | Last | Month | Day | Year |
| Mary D. Webb | | | July 17 1960 | | |
| 5. SEX Female | 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 8/25/1880 | 9. AGE (last birthday) 79 | IF UNDER 1 YEAR IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY home | 11. BIRTHPLACE (City and state or country) Chariton County, Mo. | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Benjamin Archibald Davidson | | 13b. MOTHER'S MAIDEN NAME Mary E. ----- | | 14. NAME OF HUSBAND OR WIFE George Mayfield 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 Mr. George Webb, Salisbury, Mo. | | |

| | | | |
|---|-------------------------------------|---|---------------|
| 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) | Medullary failure | | 1 week |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cerebral embolus | | 1 hour |
| | DUE TO (c) Arterio Sclerosis | years | |
| 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. | |
| | | <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 _____ a.m. _____ p.m. | 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 20, 60** to **July 17, 60** and last saw **her** alive on **July 17, 60**
 Death occurred at **Hospital** **7 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|---|---|---|
| 22a. SIGNATURE (Degree or title) E. J. Eichhorn D.O. | | 22b. ADDRESS 114 Ward Salisbury Mo. | 22c. DATE SIGNED 7-18-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 7/19/60 | 23c. NAME OF CEMETERY OR CREMATORY Prairie Valley Cemetery | 23d. LOCATION (City, town, or county) (State) Chariton County, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Chas. B. Winkelmeyer, Salisbury, Mo. | 25. DATE RECD. BY LOCAL REG. 7-19-60 | REGISTRAR'S SIGNATURE Healshaw | |

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

Chas B Wilhelmeyer

Licensed Embalmer No. *3842*

P. O. Address *Salisbury,*

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