

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035818

FILED VS OCT 13 1960

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 72

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley.</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan.</u>		Length of stay in lb <u>10 Days.</u>		c. CITY OR TOWN <u>Gatewood, (Rural).</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Memorial Hospital.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Samuel Jackson Webb.</u>				4. DATE OF DEATH Month Day Year <u>Sept. 20, 1960.</u>					
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White.</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 3, 1870.</u>		9. AGE (last birthday) <u>89.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Well drilling.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Well drilling.</u>		11. BIRTHPLACE (City and state or country) <u>Tunnel Hill, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
13a. FATHER'S NAME <u>(Unknown).</u>			13b. MOTHER'S M maiden NAME <u>Litha (unknown).</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret Webb, (Deceased).</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>None.</u>		17. INFORMANT Address <u>R. R. Webb, Gatewood Missouri.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis general.</u>							<u>4 years.</u>		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture Hip, 10 days.</u>						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 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 <u>June 58</u> to <u>Sept 20, 1960</u> and last saw him alive on <u>Sept 20, 1960.</u> Death occurred at <u>9:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Frank Johnson, M.D.</u>				22b. ADDRESS <u>Doniphan, Mo.</u>			22c. DATE SIGNED <u>9/28/60.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>Sept. 22, 1960.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>			
24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Missouri.</u>				25. DATE RECD. BY LOCAL REG. <u>Oct. 8-1960</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 25 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.