

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1960

-60-040759

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4416 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY SHELBY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHELBYVILLE		Length of stay in 1b 10 WKS		c. CITY OR TOWN CLARENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) CLARENCE MO			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First REIDA Middle LOUISE Last WEBB				4. DATE OF DEATH Month OCT Day 9 Year 1960					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-27-1913	9. AGE (last birthday) 47	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) HOUSEKEEPING			10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER		11. BIRTHPLACE (City and state or country) SHELBY COUNTY MO		12. CITIZEN OF WHAT COUNTRY US		
13a. FATHER'S NAME JACOB WEBB			13b. MOTHER'S MAIDEN NAME KATHERINE PADER			14. NAME OF HUSBAND OR WIFE _____			
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 MRS W.C. JONES		Address CLARENCE MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus DUE TO (b) Carcinoma of uterus DUE TO (c) metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								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)						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 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 April 1 1960 to Oct 9 1960 and last saw her ^{her} _{him} alive on Oct 8 1960 Death occurred at Oct 8, 1960 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE RW Moreland (Decease or title)				22b. ADDRESS Shelbyville, Mo				22c. DATE SIGNED 10-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 11, 1960	23c. NAME OF CEMETERY OR CREMATORY PATTON CEMETERY			23d. LOCATION (City, town, or county) (State) SHELBY COUNTY MO				
24. FUNERAL DIRECTOR GREENING ADDRESS CLARENCE MO				25. DATE RECD. BY LOCAL REG. Oct 11-60		26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 1960

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 Charles V. Green

Licensed Embalmer No. 4625

P. O. Address Clarence

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.