

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-047046

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b Unknown		c. CITY OR TOWN Sedalia		Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Sedalia Nursing Home		Reside on Farm Yes ☐ No ☒		
3. NAME OF DECEASED (Type or print) First HARRY Middle WEBB Last WEBB				4. DATE OF DEATH Month December Day 12, Year 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 84		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher-Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Norborne, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Andrew J. Webb			13b. MOTHER'S MAIDEN NAME Flora Strider			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT Webb Funeral Home-Blue Springs, Mo. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Renal shut down DUE TO (c) Arteriosclerosis, generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phase condition given in PART I (a) Cerebral Arteriosclerosis with severity and confusion Severe arteriosclerosis past 20 years, 22 gangrene & amputation left leg & arm							INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days 10 years		
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown									
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 Sept. 1957 to Dec. 12, 1960 and last saw him alive on Dec. 12, 1960 Death occurred at 2:30 A.M. 12-13-60 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Gilbert J. Campbell M.D.				22b. ADDRESS 312 1/2 So Ohio Sedalia, Mo				22c. DATE SIGNED 12-13-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 15, 1960		23c. NAME OF CEMETERY OR CREMATORY Blue Springs, Cemetery		23d. LOCATION (City, town, or county) Blue Springs, Missouri		(State)	
24. FUNERAL DIRECTOR D. W. Heckart-Sedalia, Missouri				25. DATE RECD. BY LOCAL REG. 12-13-1960		26. REGISTRAR'S SIGNATURE Frances Shelby			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo.

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.