# RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

OF PUBLIC HEALTH AND WELFARE

-60-048840

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6526

NDED FILED VS JAN 17 1961

**1. PLACE OF DEATH**
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI — Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL KC, MO. — Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission).
a. STATE MISSOURI b. COUNTY COOPER
c. CITY OR TOWN BUNCETON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) ROUTE 2 — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First LOYD Middle H. Last WEBB

**4. DATE OF DEATH** Month DEC. Day 25 Year 1960

**5. SEX** MALE

**6. COLOR OR RACE** WHITE

**7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH** 6-20-96

**9. AGE** (last birthday) 64 — 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) FARM LABORER

**10b. KIND OF BUSINESS OR INDUSTRY** FARMING

**11. BIRTHPLACE** (City and state or country) MORGAN COUNTY, MISSOURI

**12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** NEWT WEBB

**13b. MOTHER'S MAIDEN NAME** ELLER BELL

**14. NAME OF ~~HUSBAND~~ OR WIFE** HAZEL WEBB

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Yes (If yes, give war or dates of service) 10-21-18- to 1-3-19

**16. SOCIAL SECURITY NO.** 512 09 2654

**17. INFORMANT** VA HOSPITAL RECORDS, KC, 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) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatous fistula between esophagus and left main bronchus
DUE TO (c) Squamous cell carcinoma of esophagus
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. ☐ 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.** VA I attended the deceased from 12-12-60 to 12-25-60 and last saw him alive on

Death occurred at 9:45 P/M m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** T. F. Fritzlen (Degree or title) T. F. FRITZLEN, M. D.

**22b. ADDRESS** VA HOSPITAL, K.C., MO.

**22c. DATE SIGNED** 12-26-60

**23a.** BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

**23b. DATE** DEC-27-1960

**23c.** NAME OF CEMETERY OR CREMATORY LOCUST CEMETERY

**23d.** LOCATION (City, town, or county) (State) STOVER MISSOURI

**24. FUNERAL DIRECTOR** D.W. NEWCOMER'S SONS ADDRESS 4331 BRUSH CR. KANSAS CITY, MO

**25. DATE RECD. BY LOCAL REG.** 12-27-60

**26. REGISTRAR'S SIGNATURE** H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

US JAN 18 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. Mo

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