

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009955

Registration District No. 255 Primary Registration District No. 5877 Registrar's No. 9

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED APR 5 1961

1. PLACE OF DEATH
a. COUNTY **OREGON**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **PINEY Township** Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MO.** b. COUNTY **OREGON**
c. CITY OR TOWN **ALTON** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
LAURA NANCY WEBB **3 25 1961**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-27-1879** 9. AGE (last birthday) **82** IF UNDER 1 YEAR Months **0** Days **26** IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **-** 11. BIRTHPLACE (City and state or country) **MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **SIMEON NICHOLAS** 13b. MOTHER'S MAIDEN NAME **MARGARET - NICHOLAS** 14. NAME OF HUSBAND OR WIFE **DEC -**

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. 17. INFORMANT **Leona Wager Alton 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) **Aged - senile body changes**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cardiac - respiratory arrest.**
DUE TO (c) _____
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
Alton, Oregon, Missouri.

21. I attended the deceased from **3-10-50** to **3-25-61** and last saw her alive on **3-25-61**
Death occurred at **2:30 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. Carbant D.O.** 22b. ADDRESS **Alton Mo** 22c. DATE SIGNED **3-28-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **3-27-1961** 23c. NAME OF CEMETERY OR CREMATORY **BAILEY CEM -** 23d. LOCATION (City, town, or county) (State) **OREGON County, MO.**

24. FUNERAL DIRECTOR **John D. Clary Alton Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **3-30-61** 26. REGISTRAR'S SIGNATURE **Mrs W C Johnson**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398, Alton,

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.