

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013251

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 112

AMENDED

FILED MAY 2 1961

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO.** b. COUNTY **FRANKLIN**
 c. CITY OR TOWN **UNION** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **514 N. CHURCH ST.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
BER THA ANN WEBB **APRIL 24 1961**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **MAR. 20, 1878** 9. AGE (last birthday) **83** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
1 **4**

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

13a. FATHER'S NAME **CHARLES F. SCHMIDT** 13b. MOTHER'S MAIDEN NAME **LOUELLA BELL** 14. NAME OF HUSBAND OR WIFE **GEORGE W. WEBB (dec.)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) | (If yes, give war or dates of service) **NO** 17. INFORMANT Address **A.W. WEBB LITTLE ROCK, ARKANSAS**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) *Left Ventricular failure*
 DUE TO (b) *Hypertension*
 DUE TO (c) *Arteriosclerosis*
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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
 INTERVAL BETWEEN ONSET AND DEATH *24 hours*
10 years
10 years

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 Month, Day, Year
 a.m. p.m.

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 1950 to 24 Apr 61 and last saw her alive on 23 April 61
 Death occurred at 7:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Wm. Richardson, M.D.* 22b. ADDRESS *Union, Mo* 22c. DATE SIGNED *24 April 61*

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **APRIL 26, 1961** 23c. NAME OF CEMETERY OR CREMATORY **UNION CEMETERY** 23d. LOCATION (City, town, or county) (State) **UNION MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **OLTMANN FUNERAL HOME UNION, MO.** 25. DATE RECD. BY LOCAL REG. **4/25/61** 26. REGISTRAR'S SIGNATURE *Richard J. Williams*

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.