SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013251
STATE FILE NUMBER

AMENDED

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

FILED MAY 2 1961

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 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 (Type or print): First BERTHA Middle ANN Last WEBB
4. DATE OF DEATH: Month APRIL Day 24 Year 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 1 Days 4
IF UNDER 24 HR: Hours Min.
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.
12. CITIZEN OF WHAT COUNTRY U.S.A.
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, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-30-9306
17. INFORMANT A.W. WEBB Address LITTLE ROCK, ARKANSAS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Left Ventricular failure	24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	10 years
DUE TO (c)	Arteriosclerosis	10 years

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. 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 [illegible], MD (Degree or title)
22b. ADDRESS Union, Mo
22c. DATE SIGNED 24 Apr 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) UNION (State) MISSOURI

24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.
25. DATE RECD. BY LOCAL REG. 4/25/61
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

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_____ Signed Ralph Altmann

Signature of Student Embalmer

Licensed Embalmer No. 4808

P. O. Address Union, Me

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.