MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED APR 19 1961

Registration District No. 757 Primary Registration District No. 5589 Registrar's No. 87 STATE FILE NUMBER 61-014219

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union — Length of stay in 1b: 30 min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rte 3, Carthage — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 4 Box 273 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: BAILEY Last: WEBB
4. DATE OF DEATH Month: April Day: 10 Year: 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-3-1885
9. AGE (last birthday): 75 — 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): retired employee
10b. KIND OF BUSINESS OR INDUSTRY: Carthage Special Road District
11. BIRTHPLACE (City and state or country): Newton Co, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Webb
13b. MOTHER'S MAIDEN NAME: Jincy Pruitt
14. NAME OF HUSBAND OR WIFE: Rosa K. Webb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Porter Webb, Carterville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis — unknown
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

21. I attended the deceased from 8-25-52, to 4-[illegible] and last saw him alive on 10-24-60
Death occurred at app 9:45 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M. D.
22b. ADDRESS 1515 Hazel, Carthage, Mo
22c. DATE SIGNED 4-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4-13-61
23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
23d. LOCATION (City, town, or county) (State): Carthage, Mo
24. FUNERAL DIRECTOR: KNELL MORTUARY ADDRESS: Carthage, Mo
25. DATE RECD. BY LOCAL REG.: 4-12-61
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.