MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-029713
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4139

FILED AUG 31 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: 70 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 JASPER
c. CITY OR TOWN JOPLIN
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2229 Adele
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RAYMOND Middle KENNETH Last WEBB
4. DATE OF DEATH: Month AUGUST Day 17 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/8/24
9. AGE (last birthday): 37
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): DISABLED
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): PICHER, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: RAYMOND WEBB
13b. MOTHER'S MAIDEN NAME: HELEN GINGRICH
14. NAME OF HUSBAND OR WIFE: EDNA WEBB
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 6/30/43 to 12/13/45
16. SOCIAL SECURITY NO.: —
17. INFORMANT: VA HOSPITAL RECORDS Address

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) Collapse of right lateral ventricle of brain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Removal of metal plate from right skull for chronic 3 wks meningitis
DUE TO (c) Encephalomalacia from missle wound of head — INTERVAL BETWEEN ONSET AND DEATH: 16 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.) War injury on Luzon Island, Philippines, 1945
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 June 8, 1961, to August 17, 1961 and last saw her/him alive on 8/17/61
Death occurred at 5:55 PM 8/17/61 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) T J Fritzlen MD T. J. FRITZLEN, M.D.
22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 8-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE AUG. 18, '61
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI
24. FUNERAL DIRECTOR D.W.NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 8-19-61
26. REGISTRAR'S SIGNATURE Ruth Long
(Licensed Embalmer's Statement on Reverse Side)

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

SEP 5 1961

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 W. Kalsbeek

Licensed Embalmer No. 4949

P. O. Address No. Kansas City 16,

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.