

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006117

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 5433 Registrar's No. 50

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		c. CITY OR TOWN UNION Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If outside, give location) R.R. 1 Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First ELIJAH Middle J. Last WEBB		4. DATE OF DEATH Month FEB. Day 25, Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH APR. 14, 1894
9. AGE (last birthday) 67		IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 11 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER	
11. BIRTHPLACE (City and state or country) ELMONT, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME MARTHA ?	
14. NAME OF HUSBAND OR WIFE LEONA WEBB			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 489-20-1677	
17. INFORMANT MRS. LEONA WEBB		Address R.R. 1 UNION, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> DUE TO (b) <i>Chronic obstructive heart disease</i> DUE TO (c) <i>hypertension</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>limited</i>
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 1960 to 2/25/62 and last saw her/him alive on DEC 1962 Death occurred at 12:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.D. Oltmann</i> (Degree or title)		22b. ADDRESS <i>Union Mo</i>	22c. DATE SIGNED 2/25/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 28, 1962	23c. NAME OF CEMETERY OR CREMATORY MIDLAWN MEM. GARDENS	23d. LOCATION (City, town, or county) UNION, MO.
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 2/26/62	26. REGISTRAR'S SIGNATURE <i>Loela C. Hudman</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Ottumson

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.