

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 6

-62-019947

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 394 Primary Registration District No. _____ Registrar's No. 77

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 5 1962

VS 300
Rev. 4/59

10860
28040

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9861X

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY _____		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural---Union Twp.		Length of stay in 1b _____		c. CITY OR TOWN Santa Ana Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Missouri			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 17562 Meredith Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Raymond Last Webb			4. DATE OF DEATH Month May Day 22 Year 1962		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/17/25	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer		10b. KIND OF BUSINESS OR INDUSTRY Nortronics		11. BIRTHPLACE (City and state or country) Glendale, California	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Paul Stewart Webb		13b. MOTHER'S MAIDEN NAME Alice Beaudet	
14. NAME OF HUSBAND OR WIFE Patricia E. Webb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Patricia E. Webb, Santa Ana, Calif.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries from plane crash		INTERVAL BETWEEN ONSET AND DEATH _____	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE, HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crash of Continental Flight 11	
20c. TIME OF INJURY Hour 9:45 p.m. Month, Day, Year 5-22-62		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm	
20f. CITY, TOWN, OR LOCATION Union Twp.		COUNTY Putnam		STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not sign in title) <i>Charles J. Johnson</i>			22b. ADDRESS Unionville, Missouri		22c. DATE SIGNED 5/26/62
23a. BURIAL, CREMATION, REMOVED (Specify) None		23b. DATE 5-24-62	23c. NAME OF CEMETERY OR CREMATORY Holy Sepulcher Cemetery		23d. LOCATION (City, town, or county) Orange, Calif.
24. FUNERAL DIRECTOR Hugh L. Johnson		ADDRESS Unionville, Mo		25. DATE RECD. BY LOCAL REG. 5-24-62	26. REGISTRAR'S SIGNATURE <i>Marcell Durbin</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Kingsville MD

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.