

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038529

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 1346 Registrar's No. 49

FILED OCT 29 1962

VS 300
Rev. 4/59

10460

21010

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Goldsberry		c. CITY OR TOWN Birch Tree (Rural)	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (if outside, give location) Rural Route # 1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jess Middle Lester Last Webb			4. DATE OF DEATH Month October Day 22 Year 1962
5. SEX M.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 18/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Dealer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 76
11. BIRTHPLACE (City and state or country) Black, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sidney A. Webb		13b. MOTHER'S MAIDEN NAME Julia F. Goforth	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Docia Webb Rt. 1 Birch Tree, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Aplastic anemia DUE TO (c) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 1962</u> to <u>October 25</u> and last saw him/her alive on <u>October 22</u> Death occurred at <u>October 22 1962</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Watton M.D.		22b. ADDRESS Mountain View, Mo.	
22c. DATE SIGNED 10-28-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/24/1962	23c. NAME OF CEMETERY OR CREMATORY Oak Forest Cemetery	23d. LOCATION (City, town, or county) (State) Birch Tree, Missouri
24. FUNERAL DIRECTOR Duncan Funeral Home Mtn. View, Mo.		25. DATE RECD. BY LOCAL REG. 10-26-62	
26. REGISTRAR'S SIGNATURE Laura Mitchell			

USE BLACK INK OR TYPEWRITER RIBBON

To Doctor 9: A.M. 10/23/62

Rec'd From Dr. 11:A.M. 10/25/62

To Local Registrar 11:30 A.M. 10/25/62

NOV 2 1962

MAY 20 1963

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 R. Luman*

Licensed Embalmer No. 4325

P. O. Address *St. Louis, 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.