

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048841

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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1003

12368

FILED JAN 2 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>ST. LOUIS</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. BAPTIST HOSPITAL</b></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>MO</b> b. COUNTY <b>NEW MADRID</b></p> <p>c. CITY OR TOWN <b>TALLAPOOSA</b></p> <p>d. STREET ADDRESS (If outside, give location) <b>Box 84</b></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <b>CHARLES H WEBB</b></p>	
<p>4. DATE OF DEATH <b>DEC. 18, 1962</b></p>	
<p>5. SEX <b>MALE</b></p>	<p>6. COLOR OR RACE <b>WHITE</b></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>AUG. 13-1923</b></p>
<p>9. AGE (last birthday) <b>39 Yr.</b></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b></p>
<p>11. BIRTHPLACE (City and state or country) <b>TALLAPOOSA, MO.</b></p>	<p>12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b></p>
<p>13a. FATHER'S NAME <b>ELMER WEBB</b></p>	<p>13b. MOTHER'S MAIDEN NAME <b>GRACIE MAE DEPROW</b></p>
<p>14. NAME OF HUSBAND OR WIFE _____</p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give year or dates of service) <b>WORLD WAR 2</b></p>
<p>16. INFORMANT <b>ELMER WEBB (FATHER)</b></p>	<p>17. ADDRESS <b>TALLAPOOSA, MO.</b></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Carcinoma of Body of Pancreas</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:</p> <p style="text-align: right;">DUE TO (b) _____</p> <p style="text-align: right;">DUE TO (c) <b>157X</b></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <b>Nov 20/62</b> to <b>Dec 18, 1962</b> and last saw her alive on <b>Dec 18, 1962</b></p> <p>Death occurred at <b>3:25 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <b>Arthur R Dalton MD</b></p>	<p>22b. ADDRESS <b>453 N. Taylor</b></p>
<p>22c. DATE SIGNED <b>12/24/62</b></p>	<p>23. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b></p>	<p>23b. DATE <b>12-26-62</b></p>
<p>23c. LOCATION (City, town, or county) <b>MALDEN, MO.</b></p>	<p>24. FUNERAL DIRECTOR <b>DAY &amp; KNIGHT F.H.</b> ADDRESS <b>MALDEN, MO.</b></p>
<p>25. DATE RECD. BY LOCAL REG. <b>DEC 24 1962</b></p>	<p>26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b></p>

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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JAN 11 1963

JAN 2 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 James L. Crisson

Licensed Embalmer No. 5168

P. O. Address Milledgeville, Ga.

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.