

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39963**  
Registrar's No. \_\_\_\_\_

Registration District No. **842**

Primary Registration District No. **6104**

REC'D DEC 11 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Stone**  
(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution?  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Steven D Webb**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bircha Webb** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **July 2 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 11 7** hr. min.

9. Birthplace **Nortonville Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Hiram Webb**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Irene Stiers**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Fay Webb**

(b) Address **Crane Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jun. 11 40**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Crane Mo.**

18. (a) Signature of funeral director **J. F. King**

(b) Address **Aurora Mo.**

19. (a) **Nov. 20 1940** (Date received local registrar) (b) **Mrs Ethel Daggitt** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stone**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**  
year **1940** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **June 1939**  
to **June 1940**,  
that I last saw him alive on **June 6 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia**

Due to **Cardio-vascular renal disease**

Due to **Left Hemiplegia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of Injury \_\_\_\_\_

23. Signature **C. P. Lloyd** (M. D. or other) \_\_\_\_\_  
Address **Crane Mo.** Date signed **6-9-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 1

District File Number 1240-2992

Date Filed DEC 10 1946

JAN 14 1947

JAN 12 1947

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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 this body is not embalmed, above space should be left blank.