

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1970

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Buffalo</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>12 Miles South of Stover.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>12 Miles South of Stover</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) <u>D</u> c. (Last) <u>Webb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15 49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 17, 1921</u>	9. AGE (In years last birthday) <u>27</u>	10. MONTHS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Charley Webb</u>	13b. MOTHER'S MAIDEN NAME <u>Della Shoemaker</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Benedine Webb</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>	16. SOCIAL SECURITY NO. <u>499-18-3913</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clara Webb</u> ADDRESS <u>Stover Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Structural Weak.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6824.4</u> <u>32</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Road.</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Buffalo Morgan Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 15 1949 10:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell out of Truck.</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Birch I. Medina</u> (Degree or title) <u>Morgan County Coroner</u>	23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>Jan 16 49</u>
--	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 18, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stover Mo.</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Jan. 22nd 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. L. Ripberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Stevenson</u> ADDRESS <u>Stover, Mo.</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

71
0
0

RECEIVED
District Health Officer No. _____
District File Number 12-48-163
Date Filed 1-24-49

67616
FEB
7 1949

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
Student Embalmer

Signed J. L. Stevenson
Licensed Embalmer No. 4073

P. O. Address Stover, 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, fact should be so stated above.