

FILED OCT 31 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36021

State File No.

 BIRTH NO. ~~330~~ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 112B Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ILLMO</u>		c. LENGTH OF STAY (in this place) <u>3 DATES</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>ILLMO</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSCOE</u>		b. (Middle) <u>C.</u>	
c. (Last) <u>WEBB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 15, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 15, 1980</u>
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SECTION MAN-RR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RR. SECTION HAND</u>	
11. BIRTHPLACE (State or foreign country) <u>JOHNSON COUNTY ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>BILL WEBB</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY CASEY</u>	
14. NAME OF HUSBAND OR WIFE <u>VESTA RANDLEHAN WEBB</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Vesta Webb</u>		ADDRESS <u>Illmo, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Essential Hypertension</u>	
DUE TO (c) <u>Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>20 yrs</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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Illmo Scott Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 2, 1944</u> , to <u>Oct 15, 1949</u> , that I last saw the deceased alive on <u>Oct. 15, 1949</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Benton Wilson, D.O.</u>		23b. ADDRESS <u>Fornfeldt, Mo.</u>	
23c. DATE SIGNED <u>9/16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 17, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LIGHTNER</u>		24d. LOCATION (City, town, or county) (State) <u>ILLMO, MO</u>	
DATE REC'D BY LOCAL REG. <u>10-12-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Illmo, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
EV. 10.48

RECEIVED OCT 24 1949
District Health Office No
District File Number 1049-10
Date Filed _____

NOV 10 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Oliver C. Amick

Signed.....
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illness, 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.