S. No. 300
Rev. 10.48

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

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36758

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4159 Registrar's No. 1121

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pattonsburg
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pattonsburg
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print) a. (First) Pollie Ann Webb b. (Middle) c. (Last)

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 8, 1868
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 9, Days — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Daviess Co, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: James R. Price
13b. MOTHER'S MAIDEN NAME: Susana England
14. NAME OF HUSBAND OR WIFE: Lindsey B. Webb (Decd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Charlie Horton, Pattonsburg, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Defling

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH: 332 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Nov, 1949, *to* 8 Nov, 1949, *that I last saw the deceased alive on* 8 Nov, 1949, *and that death occurred at* 11:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Parker MD
23b. ADDRESS: Pattonsburg Mo
23c. DATE SIGNED: 11/8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 10, 49
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Pattonsburg, Mo

DATE REC'D BY LOCAL REG.: 18 Nov. 1949
REGISTRAR'S SIGNATURE: Virginia M. Engelhart 81
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gromer Funeral Home Pattonsburg Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 21 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

Signed Robert V. Dunham

Signed .....
Student Embalmer

Licensed Embalmer No. 4582

P. O. Address Gallatin 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.