

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19852

FILED JUL 7 1950

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BIRTH NO. _____		REG. DIST. NO. 109		PRIMARY REG. DIST. NO. 5424		Registrar's No. 194	
1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DUNKLIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural UNION Twp.</b>		c. LENGTH OF STAY (In this place) <b>5 mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural UNION Township</b>		d. STREET ADDRESS (If rural, give location) <b>Rte. 1 0350</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>Rte. 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Luther</b> b. (Middle) <b>Ernest</b> c. (Last) <b>Webb</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 1950</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 30 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>24</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Webb</b>		13b. MOTHER'S MAIDEN NAME <b>Quemia Craven</b>		14. NAME OF HUSBAND OR WIFE <b>Willie Webb</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Howard Webb Campbell Mo. R. 1</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  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. <b>4201</b>					INTERVAL BETWEEN ONSET AND DEATH
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Walter A. Houston</b> (Degree or title)				23b. ADDRESS <b>Coroner Kennett Mo.</b>		23c. DATE SIGNED <b>6/24/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 26, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakridge Cemetery Kennett</b>		24d. LOCATION (City, town, or county) (State) <b>Missouri</b>		
DATE REC'D BY LOCAL REG. <b>6/27/1950</b>		REGISTRAR'S SIGNATURE <b>Mrs. Pearl Campbell</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wanda S. Funeral Home</b>		ADDRESS <b>Campbell, Mo.</b>	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-3-50

COUNTY FILE NUMBER 750-194

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**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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.