

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1951

State File No. 16874
2083

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2083</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grain Valley</u>		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>X 1</u>			
3. NAME OF DECEASED a. (First) <u>Eugene</u> b. (Middle) <u>E</u> c. (Last) <u>Webb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13-1951</u>				
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov 18-1873</u>		9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR <u>2</u> Months	# UNDER 24 HRS. <u>2</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Valley mo</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Owings</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Vera West-8900 E 31st K.C. 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.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary myocardial infarction</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial failure</u>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Agotemia</u>						4201
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 <u>May 6, 1951</u> , to <u>May 13, 1951</u> , that I last saw the deceased alive on <u>May 13, 1951</u> , and that death occurred at <u>3:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ira T. Smith MD</u> (Degree or title)				23b. ADDRESS <u>1019 Professional Bldg. Kansas City mo</u>		23c. DATE SIGNED <u>5/14/51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Grove mo</u>		
DATE REC'D BY LOCAL REG. <u>5-15-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes Webb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home Oak Grove mo</u>			

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

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.....

R. B. Webb

Signed.....

Student Embalmer

Licensed Embalmer No..... *2353*

P. O. Address: *Blue Springs 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.