

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1665

FILED JAN 23 1952

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5573		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Oak Grove - Rural		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Oak Grove - Rural		d. STREET ADDRESS (If rural, give location) 1/2 mi west 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mi west				d. STREET ADDRESS (If rural, give location) 1/2 mi west 0480			
3. NAME OF DECEASED (Type or Print)		a. (First) Emma		b. (Middle) Cathryn		c. (Last) Webb	
4. DATE OF DEATH (Month) (Day) (Year)		Jan - 2 - 1952		5. SEX F m		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Widowed		8. DATE OF BIRTH July - 24 - 1873		9. AGE (In years last birthday) 78 - 5 - 9	
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) Independence Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Landis Stayton		13b. MOTHER'S MAIDEN NAME Monroe Lowe		14. NAME OF HUSBAND OR WIFE Samuel		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 Byrl Webb		ADDRESS Oak Grove 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.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis		15 year			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NO		4201			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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)		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 1922, 19, to August, 1952 that I last saw the deceased alive on Dec 18, 1951, and that death occurred at 12:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Donald C. Earnshaw				23b. ADDRESS Oak Grove Mo		23c. DATE SIGNED 1-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan - 4 - 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Oak Grove Mo	
DATE REC'D BY LOCAL REG. 1-4-52		REGISTRAR'S SIGNATURE Donald C. Earnshaw		25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home		ADDRESS Oak Grove Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 16 RECD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed R B West

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.