

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26831**

FILED JUL 21 1952

REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **144**

1. PLACE OF DEATH a. COUNTY Saline 0970		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Saline 0970	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Marshall Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Marshall Township 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles north Marshall		d. STREET ADDRESS (If rural, give location) 2 miles North Marshall	

3. NAME OF DECEASED (Type or Print) Robert	a. (First) Stouffer	b. (Middle) Webb	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 5, 1905	9. AGE (In years last birthday) 47	10. UNDER 1 YEAR Months 1 Days 7	11. UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm tenant	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alonzo James Webb	13b. MOTHER'S MAIDEN NAME Bertha Ann Moore	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. World War Two 487-01-1536	17. INFORMANT'S SIGNATURE OR NAME Alonzo J. Webb, Marshall, Route # 4.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction (Sigmoid)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma small Intestine		6 mo.
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION June 23, 52	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction Carcinoma 1536	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 23, 1952** to **July 12, 1952**, that I last saw the deceased alive on **July 12, 1952** and that death occurred at **10-30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard D. Nickles M.D.	23b. ADDRESS Marshall, Mo	23c. DATE SIGNED 7-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall Missouri
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DATE REC'D BY LOCAL REG. July 13, 1952	REGISTRAR'S SIGNATURE Sidney F. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 9 1953

BUL 23 1952

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.