

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34339

State File No. ....

FILED NOV 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5152 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Grant Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Grant Twp</u> 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lina Alwilda</u> b. (Middle) _____ c. (Last) <u>Webb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 6 - 1871</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>11</u>	11. DAYS <u>15</u>	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Caldwell Co mo</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>John Pate</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Pallard</u>		14. NAME OF HUSBAND OR WIFE <u>Smith Webb</u>			
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 <u>Smith Webb Pals mo</u>		ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Sigmoid</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>1 year</u>
	ANTECEDENT CAUSES <u>with metastases to Liver</u>		
	DUE TO (b) <u>153x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		<u>many years</u>	

19a. DATE OF OPERATION <u>July 20, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid with metastases to Liver</u>		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)		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 Aug 1947, to Oct 24, 1952, that I last saw the deceased alive on Oct 15, 1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Goldberg M.D.</u>		23b. ADDRESS <u>Graymer, Mo.</u>		23c. DATE SIGNED <u>10/23/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Rockford Twp Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Oct. 28, 52</u>		REGISTRAR'S SIGNATURE <u>Bladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Abraham &amp; Coaly Pals Mo</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 18 1955

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 \_\_\_\_\_

ERWIN L. TROWITCH

working under my personal supervision.

Signed. *Erwin L. Trowitch*  
Student Embalmer

Student Embalmer No. 443

Signed. *A. A. Alspaugh*

Licensed Embalmer No. 2908

P. O. Address. *Toledo 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.