

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1881

FILED FEB 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 65

445  
3

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>2319 PORTER</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>30TH &amp; GRAND</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EDMUND</b>	b. (Middle) <b>CLAY</b>	c. (Last) <b>WEBB</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 29, 1953</b>
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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>SEPT 27, 1900</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONSTRUCTION WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FREER CONST. CO.</b>	11. BIRTHPLACE (State or foreign country) <b>JOPLIN, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>HENRY C. WEBB</b>	13b. MOTHER'S MAIDEN NAME <b>IDA SEWART</b>	14. NAME OF HUSBAND OR WIFE <b>KATIE WEBB</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>	16. SOCIAL SECURITY NO. <b>UNK</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS KATIE WEBB</b>	ADDRESS <b>2319 PORTER, JOPLIN</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>ALMOST INSTANTANEOUS</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SUFFOCATION DUE TO DIRT SLIDE</b>	DUE TO (b) _____		<b>E 9105 46</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PROVINCED DEAD ON RECOVERY OF</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>BODY AT 1730 122</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>BOTH AND RANDOMLY - EXCAVATION FOR SEWER</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>JOPLIN JASPER MO.</b>
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21d. TIME OF INJURY <b>1-29-53 4:38 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>DIRT CAUSED IN ON EMPLOYE WHILE DIGGING SEWER DITCH COVERING HIM</b>
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22. I hereby certify that I attended the deceased from **3:10 P.M. ATTEND**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **APP 4:38 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. [Signature]</b>	(Degree or title) <b>3</b>	23b. ADDRESS <b>1338 [Address]</b>	23c. DATE SIGNED <b>2-2-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-31-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-4-53</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY</b>	ADDRESS <b>JOPLIN, MO.</b>
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RECEIVED 2/9/53  
Jasper County Health Office

County File Number 133  
Date Filed 2/9

REC'D  
FEB 20 1953

MAR 3 1953

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 F. M. Javelle

Signed.....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Jasper, 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.