

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2407

State File No.

LED JAN 15 1953

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5893 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mammoth</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Mammoth, 0770</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lick Creek Lick</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Noah</u>		b. (Middle) <u>Arnold</u>		c. (Last) <u>Webb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2, 1953</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>May 8, 1882</u>		9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 HR. Hours <u>0</u>	IF UNDER 1 MIN. Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William D Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Rosiah Gooden</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Foster</u>	
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Noah A. Webb.</u>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201-A</u>					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Pulmonary Tuberculosis 1 year</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 12-13, 1952, to 1-2, 1953, that I last saw the deceased alive on 12-13, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Hoerman M.D.</u>		23b. ADDRESS <u>Garrisonville, Mo.</u>		23c. DATE SIGNED <u>1-13-53</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mammoth</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark Co, Mo</u>		
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DATE REC'D BY LOCAL REG. <u>Jan 14 - 53</u>	REGISTRAR'S SIGNATURE <u>Thom Mahan</u>		461	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur Bruce Mt. Home, Ark</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Mtn. Home, Ariz

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.