

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10151**  
**1244**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONTICELLO FARM 8150 1 MILE WEST OF ZARAH</b>	
c. LENGTH OF STAY (If applicable) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>R.R.#1 DE SOTO - KANSAS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>	b. (Middle) <b>EDWARD</b>	c. (Last) <b>WEBB</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 27 1953</b>
--	---------------------------	-----------------------	--

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>APR-17-1879</b>	9. AGE (In years last birthday) <b>73</b>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	-------------------------------------	---	----------------------------	--------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED 10 YEARS CONTRACTOR AND WHEAT FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>BAXTER IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	--

13a. FATHER'S NAME <b>GEORGE WEBB</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. HATTIE E. WEBB</b>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. HATTIE E. WEBB</b> ADDRESS <b>R.R.#1 DE SOTO, KANSAS</b>
---	-------------------------------------	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Coronary Arteriosclerosis</b>		<b>Indef.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		<b>4201</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 2/24, 1953, to 2/27, 1953, that I last saw the deceased alive on 2/27, 1953, and that death occurred at 12: NOON m., from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold V. Arms MD</b> (Degree or title)	23b. ADDRESS <b>4635 Wyandotte, City Mo 64113</b>	23c. DATE SIGNED <b>2/28/53</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR 2 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LENORA CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LENORA KANSAS</b>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>2-28-53</b>	REGISTRAR'S SIGNATURE <b>Rosaline Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer Sons</b> ADDRESS <b>1571 SHERWOOD CREEK BLDG 15 KANSAS CITY, MISSOURI</b>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

**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 John B. Lewis

Licensed Embalmer No. 4875

P. O. Address KC 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.