

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

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman	
c. LENGTH OF STAY (In this place) 28 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Silas	b. (Middle)	c. (Last) Webb	4. DATE OF DEATH (Month) (Day) (Year) June 11, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman	10b. KIND OF BUSINESS OR INDUSTRY Western Union	11. BIRTHPLACE (State or foreign country) Benton County Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry H. Webb	13b. MOTHER'S MAIDEN NAME Julie Wright	14. NAME OF HUSBAND OR WIFE Mrs. Bessie Webb
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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) No X	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Webb Seligman, Mo.	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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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	19b. MAJOR FINDINGS OF OPERATION	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)
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 _____, 19____, June 9, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 7:12 P.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. R. Brown M.D.	(Degree or title)	23b. ADDRESS Seligman Mo	23c. DATE SIGNED 6/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/13/54	24c. NAME OF CEMETERY OR CREMATORY Bayless Cemetery	24d. LOCATION (City, town, or county) (State) Garfield, Arkansas
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DATE REC'D BY LOCAL REG. 6-19-54	REGISTRAR'S SIGNATURE Gene Williams	25. FUNERAL DIRECTOR'S SIGNATURE MILLER FUNERAL HOME	ADDRESS DEA RIDGE, ARKANSAS
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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 654-50

DATE REC. 6-19-54

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 C. B. Porter

Licensed Embalmer No. 599

P. O. Address Rogers, Arkansas

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.