No. 300
10-48

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40006

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 439

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

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LAUGHLIN HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTLAND
c. CITY OR TOWN: MEMPHIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): D 990 1

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): L
c. (Last): WEBB

4. DATE OF DEATH (Month) (Day) (Year): DEC 7 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG 13, 1872
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): SCOTLAND COUNTY, MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHRISTOPHER DAUMA
13b. MOTHER'S MAIDEN NAME: CHARLOTTE MESSNER
14. NAME OF HUSBAND OR WIFE: DAVID WEBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Chas Simon — ADDRESS: Memphis, Mo

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, asthenia, 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	20 min
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Intestinal obstruction	12-2-54
DUE TO (c)	Volvulus of terminal ~~ile~~ ileum	12-2-54
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Cholecystitis and cholelithiasis	unknown

19a. DATE OF OPERATION: 12-3-54
19b. MAJOR FINDINGS OF OPERATION: Adhesionectomy, cholecystectomy 5703
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3-54, *19*___, *to* 12-7-54, *19*___, *that I last saw the deceased alive on* 12-7-54, *19*___, *and that death occurred at* 8:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Laughlin Jr D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 12-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-10-54
24c. NAME OF CEMETERY OR CREMATORY: MEMPHIS
24d. LOCATION (City, town, or county) (State): MEMPHIS Mo

DATE REC'D BY LOCAL REG.: 12-21-54
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE: W. W. Payne & Sons — ADDRESS: MEMPHIS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ...P. D. Bryne.....

Licensed Embalmer No. 219

P. O. Address ..Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.