

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41808

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5827</u>		Registrar's No. <u>43</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>New Madrid</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Lewis Twsp</u>		c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN <u>Lewis Twsp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles N.W. of Lilbourn</u>				e. STREET ADDRESS (If rural, give location) <u>Matthews Mo. R.3 Box 291</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>Henry</u>			b. (Middle) <u>Webb</u>			c. (Last) <u>Webb</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 19 1892</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u>8</u> Min.				
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>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C. W. Webb</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Kinca</u>			14. NAME OF HUSBAND OR WIFE <u>Viola Webb</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Webb-Matthews, Mo. R.3 B291</u>				
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) <u>Cerebral Embolism</u>					<u>1 day</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					<u>13 days</u>	
		DUE TO (b) <u>Cortused Knee with Hemorrhage</u>						
		DUE TO (c) <u>Injury</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>E835-0</u> <u>33</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Slip</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Matthews</u> <u>RR3</u> <u>Mo.</u>				
21d. TIME OF INJURY <u>12 12 54 10 2m</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell off a truck</u>				
22. I hereby certify that I attended the deceased from <u>12-14</u> to <u>12-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-27</u> , 19 <u>54</u> , and that death occurred at <u>10:15 p.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>H. L. Ponder</u>				23b. ADDRESS <u>Mathhouse Mo.</u>		23c. DATE SIGNED <u>12-30-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 2 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Como, Miss.</u>		
DATE REC'D BY LOCAL REG. <u>12-31-1954</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1955 FEB 8

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.....  
Signature of Student Embalmer

Signed *Homer L. Ponder*

Licensed Embalmer No. *336*

P. O. Address *Filbourn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.