

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4179

State File No.

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5200 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wakenda Twp.</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>"Rural" Wakenda Twp.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harlow Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>Harlow Rest Home</u>	
3. NAME OF DECEASED a. (First) <u>MARTIN</u> b. (Middle) <u>EIBERT</u> c. (Last) <u>WEBB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 16, 1867</u>
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>	10. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ferry Webb</u>		13b. MOTHER'S MARDEN NAME <u>Sarah Wallowhby</u>	
14. NAME OF HUSBAND OR WIFE - <u>Maria Adkins Webb</u>		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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Webb</u> ADDRESS <u>Wakenda Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
ANTECEDENT CAUSES DUE TO (b) <u>Prostatic Hypertrophy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610 X</u>	
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)	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 <u>Oct</u> , 19 <u>54</u> , to <u>2-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>55</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William S. Everett D.O.</u>		23b. ADDRESS <u>8 N Folger Carrollton</u>	
23c. DATE SIGNED <u>2-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
DATE RECD BY LOCAL REG. <u>2/26/55</u>	REGISTRAR'S SIGNATURE <u>Wm. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Libson</u> ADDRESS <u>Carrollton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Ben W. Gibson*.....

Licensed Embalmer No. *296*.....

P. O. Address *Carroll*.....

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.