

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17627**

2030

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5024 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>9 miles n. Rock Port mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>2941 Norwood</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Paul</u> c. (Last) <u>Webbing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30-1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	
8. DATE OF BIRTH <u>Feb-11-1954</u>		9. AGE (In years last birthday) <u>1</u>		10. IF UNDER 1 YEAR: Months <u>4</u> Days <u>21</u> Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas city mo</u>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <u>Carl Royal Webbing</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Hatcher</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or date of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. Jesse Hatcher 3005 Scott ave Independence 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull - concussion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
---	--	---	--	----------------------------------	--

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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>9 mi. n. Rock Port Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Atchison Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 30 1955 m.</u>		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____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. S. Shlip</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Rock Port Mo</u>		23c. DATE SIGNED <u>7-1-55</u>	
--	--	----------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 5/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Independence mo</u>	
---	--	------------------------------	--	---	--

DATE REC'D BY LOCAL REG. <u>July 5, 1955</u>		REGISTRAR'S SIGNATURE <u>Narven W. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bertness Funeral Home - Rock Port Mo</u>	
--	--	---	--	--	--

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

JUL 22 1955

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 G. E. Burtman

Licensed Embalmer No. 1764

P. O. Address Rock Post Md

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.