

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37184**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4238		Registrar's No. 445		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Buckner		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION none				e. STREET ADDRESS (If rural, give location) none				
3. NAME OF DECEASED (Type or Print) Mrs. Dora B. Webb			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Nov. 13, 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 7, 1872		9. AGE (in years last birthday) 83 yrs.		
5. SEX female		6. COLOR OR RACE white		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Near Blue Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Madison Chapman			13b. MOTHER'S MAIDEN NAME Sallie Noland			14. NAME OF HUSBAND OR WIFE Oliver P. Webb		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Are Minta Webb, Buckner, Missouri				
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) Chronic Myocarditis Serulity 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. 4222					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)		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 Sept 16, 1955 , to Nov 13, 1955 , that I last saw the deceased alive on Nov 13, 1955 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE John L. Heister DO (Degree or title) 2				23b. ADDRESS Buckner, Missouri		23c. DATE SIGNED 11-14-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery		24d. LOCATION (City, town, or county) (State) Buckner, Missouri		
DATE REC'D BY LOCAL REG. 11-15-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Buckner, Mo.				

(Printed Embalmer's Statement on Reverse Side)

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

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 *Ralph O Jones*
Licensed Embalmer No. *4600*

P. O. Address *Albany*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.