

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4071

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY OR TOWN <u>RURAL-Johnson Twp</u>	c. LENGTH OF STAY (in this place) <u>50 yrs.</u>	c. CITY OR TOWN <u>RURAL-Johnson 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>Hy 21 - 6 Mi. S. Jct. 60 + 21</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 1, Hunter, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Henry</u> c. (Last) <u>Webb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 2 1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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 <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carter County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Eli Webb</u>	13b. MOTHER'S MAIDEN NAME <u>Tennessee Patterson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-03-9916</u>	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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 <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</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) <u>Auto Accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hy 21 - 6 Mi. S. Jct 60 + 21</u>	21c. (CITY, TOWN, OR TOWNSHIP) OF COUNTY (STATE) <u>Johnson Twp Carter, Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 25 1956 4:30 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Head on Collision</u>
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22. I hereby certify that I attended the deceased from Dead on Arrival, 1956, that I last saw the deceased alive on _____, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Coleman McSprouen</u> (degree or title)	23b. ADDRESS <u>Van Buren Mo</u>	23c. DATE SIGNED <u>2-25-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McRone Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carter County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 9-1956</u>	REGISTRAR'S SIGNATURE <u>Mrs Octa Hanson</u>	50	25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman McSprouen</u>	ADDRESS <u>Van Buren, Mo</u>
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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 *Allen C. M. Johnson*.....

Licensed Embalmer No. *4574*.....

P. O. Address *The Bury*.....

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.