

FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15702

State File No. \_\_\_\_\_  
Registrar's No. 297

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> <u>1031</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0</u> <small>(township)</small>		c. CITY OR TOWN <u>Dexter,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>1</u>
c. LENGTH OF STAY (If this place) <u>1</u> day		e. STREET ADDRESS (If rural, give location) <u>W. McCollum</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carolyn</u>	b. (Middle) <u>Sue</u>	c. (Last) <u>Webb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1956</u>
-------------------------------------	---------------------------	------------------------	-----------------------	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> <u>0</u>	8. DATE OF BIRTH <u>Dec. 13, 1943</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>student</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Thomas Webb</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Dutton</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Webb</u> ADDRESS <u>Dexter, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from stomach</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Peptic ulcer,</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4-30-1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Peptic ulcer &amp; bloody ulcer</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>5401</u>
---	---	--

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 4-29, 1956 to 4-30, 1956, that I last saw the deceased alive on 4-30, 1956, and that death occurred at 10:4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Henderson</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>5-5-56</u>
--	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter cemetery Mo</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5/2/56</u>	REGISTRAR'S SIGNATURE <u>R. H. Meeteem</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins &amp; Sons</u> ADDRESS <u>Dexter, Mo.</u>
--	--	---

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 *Marsh Watkins*.....

Licensed Embalmer No. *471*.....

P. O. Address *Deplum*.....

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.