

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22600

State File No. ....

FILED JUL 3 1956

360

6225

Registrar's No. 50

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Linn</u>		c. LENGTH OF STAY (in this place) <u>2 mo 21 day</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				e. STREET ADDRESS (If rural, give location) <u>1317 E. Pacific</u> <u>03941</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Webb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 19, 1887</u>	
9. AGE (in years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cuba, Alabama</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Claude Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Hall</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Ida Pearl Webb</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital #3 records Nevada Mo.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hemorrhage from Urinary Bladder</u>				<u>several days</u>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Transitional Cell Carcinoma of</u>					
		DUE TO (c) <u>urinary bladder</u>				<u>several years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile psychosis</u>				<u>several years</u>	
19a. DATE OF OPERATION <u>4/17/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Transitional Carcinoma of Urinary Bladder 181x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</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 <u>April 2</u> , 19 <u>56</u> , to <u>June 23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 23</u> , 19 <u>56</u> , and that death occurred at <u>10:40 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lessie H. Wright, M.D.</u>				23b. ADDRESS <u>State Hospital #3 Nevada, Mo.</u>		23c. DATE SIGNED <u>June 23 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 24 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-27-56</u>		REGISTRAR'S SIGNATURE <u>(Anna) E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman B. Lohmeyer</u>		ADDRESS <u>Springfield, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9.300  
9.48

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JUL 8 1956

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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.....

*Lucy F. Milster*

Licensed Embalmer No. 4805

P. O. Address Nevada,

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.