

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34489

STATE FILE NUMBER

FILED NOV 1 - 1956

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 463

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>JOPLIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FREEMAN HOSP.</u>			Length of stay in lb <u>20 YRS</u>		d. STREET ADDRESS <u>120 BROWNELL AVE.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>DELBERT</u> Last <u>WEBBER</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>23</u> Year <u>1956</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 21, 1895</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RADIO REPAIR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RADIO HOSPITAL</u>		11. BIRTHPLACE (City and state or country) <u>INDEPENDENCE, Ks.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>ROBERT WEBBER</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</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>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>MRS. ZELLA WEBBER, 102 BROWNELL AVE.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Left Cerebral Hemorrhage (massive)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>General atherosclerosis</u> DUE TO (c) <u>Hypertension</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10-18 yrs.</u> <u>8-10 yrs.</u> <u>8-10 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? <u>331X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>10/18/56</u> to <u>10/22/56</u> and last saw her ^{her} _{him} alive on <u>10/22/56</u> . Death occurred at <u>4:35 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Walter Howard M.D.</u>				22b. ADDRESS <u>Fusco Bldg Joplin Mo</u>			22c. DATE SIGNED <u>10/25/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-26-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CARTHAGE, MISSOURI</u>				
24. FUNERAL DIRECTOR ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>				25. DATE RECD. BY LOCAL REG <u>10-25-1956</u>		26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>			

(Licensed Embalmer's Statement on Reverse Side)

WASHER COUNTY HEALTH OFFICE
County File Number 56-10-843
Date Filed 5/1/1977

MAY 4 1977

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 *F. M. Jones*
Licensed Embalmer No. 23

P. O. Address *Jap. li*

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.