

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1957

57022296

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Flat River</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Flat River</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>LUCY</b>				First <b>GILLIA</b>		Middle <b>WEBB</b>	
4. DATE OF DEATH <b>June 30, 1957</b>				Month <b>June</b> Day <b>30</b> Year <b>1957</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov-2- 1886</b>		9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>28</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Belgrade, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Newton B. Webb</b>				14. MOTHER'S MAIDEN NAME <b>Mary L. Humphrey</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Susie Webb Flat River, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arterio sclerotic Heart Disease with auricular fibrillation and decompensated weeks</b> DUE TO (b) <b>arterial sclerosis generalized</b> DUE TO (c) <b>4200H</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>adenocarcinoma of uterus. Hysterectomy 1956</b>							INTERVAL BETWEEN ONSET AND DEATH <b>several weeks</b> <b>several years</b>
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 <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>							
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 <b>8/16/55</b> to <b>6/30/57</b> and last saw her <sup>alive</sup> <del>there</del> on <b>6/24/57</b> Death occurred at <b>3:12</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Paul L. Jones M.D.</b>				22b. ADDRESS <b>Flat River, Missouri</b>		22c. DATE SIGNED <b>7/3/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 3, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K.P. Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Francois, Mo.</b>		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS <b>Murphy L. Sparks Flat River, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>July 2, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Ether Redloff</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

