

FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36654

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 397

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u> <u>0649</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>919 Texas St</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>919 Texas St</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>ISAA C WEBB</u>			4. DATE OF DEATH Month <u>10</u> - Day <u>2</u> - Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 5 - 1884</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	9. AGE (In years last birthday) <u>11</u> 11. BIRTHPLACE (City and state or country) <u>Hannibal</u> 12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13a. FATHER'S NAME <u>Martin Russ</u>		13b. MOTHER'S MAIDEN NAME <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Georgia Fountain</u>		Address <u>901 Hewitt St</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>Shot wound of brain</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Shot wound of left arm</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot with .22 rifle by man who he had shot just before with 12g. shotgun. Coroner's jury verdict 'Self defense'</u>		
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 checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		20f. CITY, TOWN, OR LOCATION <u>Hannibal</u>	COUNTY <u>Marion</u> STATE <u>Mo</u>
21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> him alive on _____ Death occurred at <u>10/2/57</u> <u>7:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Henry Sweet Jmd Coroner 3</u>		22b. ADDRESS <u>Hannibal</u>	
22c. DATE SIGNED <u>10/10/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>Oct. 5 - 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>
24. FUNERAL DIRECTOR <u>Geo. E Roberts</u>		ADDRESS <u>14 an.</u>	25. DATE RECD. BY LOCAL REG. <u>10-14-1957</u>
26. REGISTRAR'S SIGNATURE <u>Chas. M. Duckley Jr. C. Fisher</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 22 1957  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 22 1957

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 Geo E Roberts .....

Licensed Embalmer No. 2113 .....

P. O. Address Hannibal .....

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.