

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004474
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 86

300
1-57

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>OSCEOLA</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>ELLIS FISCHER</u>	Length of stay in lb <u>2 DAYS</u>	d. STREET ADDRESS <u>_____</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>MARION</u>	Middle	Last <u>WEBB</u>	4. DATE OF DEATH	Month <u>2</u>	Day <u>17</u>	Year <u>1958</u>
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5. SEX <u>Fem</u>	6. COLOR OR RACE <u>White</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>12-25-1883</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Linotype operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Linotype operator</u>	11. BIRTHPLACE (City and state or country) <u>NOT KNOWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>NOT KNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MANLEY W. WEBB</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-34-0830</u>	17. INFORMANT Address <u>HOSPITAL RECORDS</u>
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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>Generalized Carcinomatosis</u> <u>primary site undetermined</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 1992	INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac arrest during anesthesia</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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
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21. I attended the deceased from <u>9-15-58</u> to <u>2-17-58</u> and last saw her alive on <u>2-17-58</u> Death occurred at <u>12:53</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Richard E. Johnson, MD</u> (Degree or title)	22b. ADDRESS <u>Columbia, Mo</u>	22c. DATE SIGNED <u>2-17-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>2-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OSCEOLA CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>OSCEOLA MISSOURI</u>
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24. FUNERAL DIRECTOR <u>Frank James Lewis</u>	ADDRESS <u>Columbia, Mo.</u>	25. DATE RECD./BY LOCAL REG. <u>Feb 17 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *George P. Gurnee*

Licensed Embalmer No. *4428*
P. O. Address *Blundell, Miss*

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.