

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020848  
STATE FILE NUMBER

FILED JUL 9 1958

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before <sup>admission</sup> ) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Butler</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Butler</i> 00718
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>800 W. Pine</i>		Length of stay in 1b <i>3 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>800 W. Pine</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Sherman Burton Webb</i>			4. DATE OF DEATH Month Day Year <i>June 14 1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 19 1907</i>	9. AGE (In years last birthday) <i>50</i>	IF UNDER 1 YEAR Months Days Hours Min.	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) <i>State Highway Dept.</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Maintenance Dept.</i>	11. BIRTHPLACE (City and state or country) <i>Stuart Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Arthur Webb</i>	13b. MOTHER'S MAIDEN NAME <i>Cordie Spaulding Howa</i>	14. NAME OF HUSBAND OR WIFE <i>Howa Webb</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>484-18-5610</i>	17. INFORMANT <i>Lorin Webb</i>	Address <i>800 W. Pine Butler, Mo.</i>
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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) <i>ACUTE CORONARY OCCLUSION</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 MON 11/3</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>CORONARY THROMBOSIS</i>	
	DUE TO (c) <i>4201</i>	
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? 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <i>2-21-58</i> to <i>6-14-58</i> and last saw <sup>him</sup> <sub>her</sub> alive on <i>6-7-58</i> Death occurred at <i>6:45 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>John M. Cooper M.D.</i>	22b. ADDRESS <i>BUTLER, MO</i>	22c. DATE SIGNED <i>6-17-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>6-16-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenfield Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Greenfield Iowa</i>
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24. FUNERAL DIRECTOR <i>Culver-Underwood</i>	ADDRESS <i>Butler, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>June 17-58</i>	26. REGISTRAR'S SIGNATURE <i>Randall Toney</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

117  
0

JUL 29 1958

VS MAY 20 1959

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 *Robert E. Steinhilber* .....

Licensed Embalmer No. *4657* .....

P. O. Address *Butler, Pa.* .....

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.