

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028042  
STATE FILE NUMBER

53906-57  
FILED AUG 13 1958

Registration District No. 318 Primary Registration District No. 4552 Registrar's No. 32

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>TEXAS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MTN. GROVE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>HIGHWAY 1070 GROVE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ELMS CLINIC</b>		Length of stay in 1b <b>one hr.</b>		d. STREET ADDRESS (If outside, give location) <b>NEAR MTN. GROVE</b>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Glenda O Webb</b>				4. DATE OF DEATH Month Day Year <b>July 24-1958</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</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>July 24-1958</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Month Days Hours Min. <b>42</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Mtn Grove Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CARSON D. WEBB</b>			13b. MOTHER'S MAIDEN NAME <b>JOYCE E. BLONT</b>			14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT Address <b>CARSON WEBB MTN. GROVE</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>Prematurity</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Miscarriage</b> DUE TO (c) <b>Multiple Pregnancy (Twins)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute Polyhydramnios</b>						INTERVAL BETWEEN ONSET AND DEATH	
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.) <b>7735</b>				
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				
21. I attended the deceased from <b>7-24-58</b> to <b>7-24-58</b> and last saw her <sup>her</sup> alive on <b>7-24-58</b> Death occurred at <b>8:10 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Richard G. Mitchem D.O.</b>				22b. ADDRESS <b>Mtn. Grove, Mo.</b>		22c. DATE SIGNED <b>8-2-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>BURIAL</b>		<b>July 24-58</b>		<b>PLESANT GROVE</b>		<b>WRIGHT CO. MO</b>	
24. FUNERAL DIRECTOR ADDRESS <b>RW Barber - Mtn. Grove</b>			25. DATE RECD. BY LOCAL REG. <b>8-4-1958</b>		26. REGISTRAR'S SIGNATURE <b>Permeo L. Sherman</b>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED  
8-11-58  
WELCH

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 .....

Licensed Embalmer No.....

P. O. Address.....

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.