

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028431
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hutton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Charles</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital</u>		Length of stay in 1b <u>9 years</u>	d. STREET ADDRESS (If outside, give location) <u>Rt. 11, 2</u>
3. NAME OF DECEASED (Type or print) First <u>Catherine</u> Middle <u>W.</u> Last <u>Webb</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>31</u> Year <u>'58</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4, 24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>34</u>
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		11. BIRTHPLACE (City and state or country) <u>France</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Joseph La Bonte</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Phelan</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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>None</u>	17. INFORMANT <u>Hospital Records</u> Address <u>Hutton, Mo</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>Pneumonia</u> DUE TO (b) <u>Fracture of eye hip</u> DUE TO (c) <u>9047 45</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>By falling - Fracture of hip</u>		
20c. TIME OF INJURY <u>3:10 p.m.</u> Month, Day, Year <u>8-3-58</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hosp</u>		
20e. CITY, TOWN, OR LOCATION <u>Hutton</u>	COUNTY <u>Callaway</u>	STATE <u>MO</u>	
21. I attended the deceased from <u>July 24, 58</u> to <u>Aug 31, 58</u> and last saw her/him alive on <u>Aug 31, 58</u> Death occurred at <u>5:05 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. E. Rountree</u> (Degree or title) <u>W. O.</u>		22b. ADDRESS <u>Hutton, Mo</u>	22c. DATE SIGNED <u>8/31/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>SEPT 1/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. ST PETERS</u>	23d. LOCATION (City, town, or county) (State) <u>MO</u>
24. FUNERAL DIRECTOR <u>Maureen Tennant</u> ADDRESS <u>Home Hutton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 6-1958</u>	26. REGISTRAR'S SIGNATURE <u>Marjette Lawrence</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Medical Certification
All diseases in Part I must be causally related.

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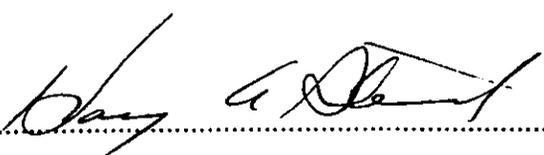
SP8

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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. 3722

P. O. Address Fuller St

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.