

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047077

STATE FILE NUMBER

FILED FEB 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <i>Butler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ripley</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Poplar Bluff</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Doniphan</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Poplar Bluff Hosp.</i>		Length of stay in lb <i>2 1/2 hrs.</i>	d. STREET ADDRESS (If outside, give location) <i>206 Kegler</i>
3. NAME OF DECEASED (Type or print) First <i>Guy</i> Middle <i>Richard</i> Last <i>Webb</i>			4. DATE OF DEATH Month <i>Dec.</i> Day <i>21</i> Year <i>1958</i>
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>Feb. 2, 1891</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Timber Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Lumber</i>	11. BIRTHPLACE (City and state or country) <i>Jurnal Hill, Illinois</i>
13a. FATHER'S NAME <i>Samuel J. Webb</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Boner</i>	14. NAME OF HUSBAND OR WIFE <i>Stella Webb</i>
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>490-14-1882</i>	17. INFORMANT Address <i>Stella Webb, Doniphan, Mo.</i>
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>Cerebral Hemorrhage</i> DUE TO (b) <i>Hypertension Cerebral</i> DUE TO (c) <i>Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i> <i>?</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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>21 Dec 58</i> to <i>21 Dec 58</i> and last saw him <i>live on 21 Dec 58</i> Death occurred at <i>11 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. Bruckner, M.D.</i>		22b. ADDRESS <i>321 Oak Poplar Bluff, Mo.</i>	22c. DATE SIGNED <i>12-21-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 23, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Ripley County, Missouri</i>
24. FUNERAL DIRECTOR <i>Ray Measor</i>		ADDRESS <i>Doniphan, Mo.</i>	25. DATE REGD. BY LOCAL REG. <i>1/31/59</i>
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ray Means*

Licensed Embalmer No. *3743*

P. O. Address *Doniphan*

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.