

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001692

STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Jackson		5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 17 1877		9. AGE (In years last birthday) 81		10. FUNDER 1 YEAR Months Days Hours Min.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Oak Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 8 months		3. NAME OF DECEASED (Type or print) First Middle Last Genelia — Webb		4. DATE OF DEATH Month Day Year Jan 5 1959							

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Galax Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adolphus Carpenter		13b. MOTHER'S MAIDEN NAME Mary Lingerfelt		14. NAME OF HUSBAND OR WIFE Charles - Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Laura Church		Address Oak Grove	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma of hepatic flexure of colon.		INTERVAL BETWEEN ONSET AND DEATH 6 Mo 8.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inanition, due to above cause.		4 Mo 8.	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1531		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	

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 a.m. Month, Day, Year 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 Jan. 19 40 to Jan. 5, 1959 and last saw her alive on Jan. 5, 1959 Death occurred at 9:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) O. Lingerfelt M.D.		22b. ADDRESS M.D.		22c. DATE SIGNED 1/7/59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/7/59		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		23d. LOCATION (City, town, or county) (State) Oak Grove Mo	
24. FUNERAL DIRECTOR Webb Funeral Home		ADDRESS oak Grove Mo.		25. DATE RECD. BY LOCAL REG. 1-8-59		26. REGISTRAR'S SIGNATURE O. Adamsford	

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 *William Free*

Licensed Embalmer No. *4733*

P. O. Address *One Springs*

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.