

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018887
STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 202

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington-St. Francois <i>Rural</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Qulin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. # 4		Length of stay in lb 5Yrs.; 9mos. 15 das.	d. STREET ADDRESS City (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Melvin Last Webb			4. DATE OF DEATH Month May Day 18 Year 1959
5. SEX Male	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 Dec. 28, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 4 Days 20 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Benton county, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Eliza Jane Ward	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or No (unknown)) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT & Records, State Hospital No. 4 Mrs. Hazel Hefner, Quilin, Mo. Rte. 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephrosclerosis			Unknown.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with cerebral arteriosclerosis.			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 August 3, 1953 to May 18, 1959 and last saw xxx him alive on May 18, 1959 Death occurred at 6:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John Brenner M.D.</i> (Degree or title)		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 5-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Quilin Cemetery	23d. LOCATION (City, town, or county) (State) Quilin, Missouri
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo		25. DATE RECD. BY LOCAL REG. May 23, 1959	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to 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 *Ch Cogan*

Licensed Embalmer No. *4094*
P. O. Address *Farington*

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.