

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032182

FILED VS OCT 13 1959/4

Registration District No. 274 Primary Registration District No. 5562 Registrar's No. 97

STATE FILE NUMBER

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia | | Length of stay in 1b 8yr. 1mo. 21da | c. CITY OR TOWN Rural-Arcadia |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1 1/2 mi. E. on Hwy. 72 |
| 3. NAME OF DECEASED (Type or print) First Middle Last Edith Webb | | | 4. DATE OF DEATH Month Day Year Sept. 30, 1959 |
| 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 Aug. 30, 1870 |
| 9. AGE (last birthday) 89 | | IF UNDER 1 YEAR Months Days Hours Min. 1 | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and state or country) Tama City, Iowa |
| 12. CITIZEN OF WHAT COUNTRY U.S. | | 13a. FATHER'S NAME Joshua G. Sanburn | |
| 13b. MOTHER'S MAIDEN NAME Frances E. Cady | | 14. NAME OF HUSBAND OR WIFE Winslow E. Webb | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Dolores Weiss, Ironton, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 3 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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 a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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 7-1-57 to 9-30-59 and last saw her/him alive on 9-25-59 Death occurred at 1:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Marvin C. Meane M.D. | | 22b. ADDRESS 109 N. Main, Ironton, Missouri | 22c. DATE SIGNED 10-1-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 10-1-59 | 23c. NAME OF CEMETERY OR CREMATORY Home Cemetery | 23d. LOCATION (City, town, or county) Ironton Mo. |
| 24. FUNERAL DIRECTOR White ADDRESS White Funeral Home, Ironton Mo. | 25. DATE RECD. BY LOCAL REG. 10-1-59 | 26. REGISTRAR'S SIGNATURE Mrs. Aris Jones | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, Va.

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.