

FILED VS DEC 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 0 4 3 5 1 6

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 588

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Poplar Bluff</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hunter</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Poplar Bluff</u>		Length of stay in lb <u>26 days</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Lafayette</u> Last <u>Webb</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>4</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 4 1908</u>	9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tower man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Forest Service</u>		11. BIRTHPLACE (City and state or country) <u>La. U.S.A.</u>	
13a. FATHER'S NAME <u>J. H. Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Eda Pitts</u>		14. NAME OF HUSBAND OR WIFE <u>Lola Webb</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Lola Webb</u> Address <u>Hunter 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>Cerebral stroke</u> 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
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.) <u>151X</u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION <u>Hunter</u>		20f. COUNTY <u>Mo</u>		20g. STATE <u>Mo</u>	
21. I attended the deceased from <u>10-4-1959</u> to <u>12-4-1959</u> and last saw her alive on <u>12-3-1959</u> Death occurred at <u>1:50 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. M. Benches M.D.</u>			22b. ADDRESS <u>P.O. Box 100</u>		22c. DATE SIGNED <u>12/11/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 6, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Hunter Mo</u>
24. FUNERAL DIRECTOR <u>Seaton Pruitt</u>			25. DATE RECD. BY LOCAL REG. <u>12/12/59</u>		26. REGISTRAR'S SIGNATURE <u>R. M. Muelree</u>

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

489c

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 *Seaton Powell*

Licensed Embalmer No. *2287*

P. O. Address *Van Buren Mo.*

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.