

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 18 1960

=60-043158

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 2160

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived: if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Randolph</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Moberly</i>		Length of stay in 1b <i>10 years</i>		c. CITY OR TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Moberly Nursing Home 1400 Quinn</i>				d. STREET ADDRESS <i>321 N. 4th Street</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>JOHN H. WEBB</i>				4. DATE OF DEATH Month Day Year <i>November - 5 - 1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-9-1886</i>	9. AGE (last birthday) <i>74</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <i>Galesburg Ill.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Henry H. Webb</i>		13b. MOTHER'S MAIDEN NAME <i>Laura Sward</i>		14. NAME OF HUSBAND OR WIFE <i>none</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>none</i>	17. INFORMANT Address <i>Ray Edwards Cairns 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>Respiratory Failure</i> Cerebral Hemorrhage 1 wk 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
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"/> N- <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 checked="" 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>Nov 1-60</i> to <i>Nov 5-60</i> and last saw her/him alive on <i>Nov 5-60</i> Death occurred at <i>200 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. M. ... D.O.</i> (Degree or title)			22b. ADDRESS <i>Moberly Mo</i>			22c. DATE SIGNED <i>11-7-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Nov-7-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Liberty Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>N.E. of Cairns Mo.</i>			
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Nov 7-1960</i>		26. REGISTRAR'S SIGNATURE <i>Edell Lowe</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 18 1960

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 R. M. Carter

Licensed Embalmer No. 411
P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.