

FILED SEP 20 1955

STANDARD CERTIFICATE OF DEATH

State File No. **28903**

BIRTH NO. _____		REG. DIST. NO. 5043		PRIMARY REG. DIST. NO. 5043		Registrar's No. 20		
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Seligman		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 2050				
3. NAME OF DECEASED (Type or Print) a. (First) Talbur b. (Middle) Fanning c. (Last) Webb			4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 14, 1855		9. AGE (In years last birthday) 100	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain		11. BIRTHPLACE (City and State or Foreign Country) Benton County Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Steven B. Webb			13b. MOTHER'S MAIDEN NAME Eliza Murphery		14. NAME OF HUSBAND OR WIFE Ada Patterson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Webb Washburn, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensitivity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis acute interstitial					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 590X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from May , 19 54 , to Sept. 9, 1955 ; that I last saw the deceased alive on Sept 9, 1955 , and that death occurred at 4:25P m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Chas. R. Brown MD				23b. ADDRESS Seligman MO		23c. DATE SIGNED 9-11-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/11/55	24c. NAME OF CEMETERY OR CREMATORY Buttram Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Pea Ridge, Ark.			
DATE REC'D BY LOCAL REG. 9-12-55		REGISTRAR'S SIGNATURE Mary McDonald, dep.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MILLER FUNERAL HOME PEA RIDGE, ARKANSAS				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 955-331

DATE REC. 9-17-55

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 Gilbert P. Lisco.....

Licensed Embalmer No...561...

P. O. Address Springdale, A

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.