

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012510

STATE FILE NUMBER

AMENDED

Registration District No. 11 Primary Registration District No. 5044 Registrar's No. 28

FILED APR 28 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Barry	a. STATE Missouri		COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washburn Twp.	Length of stay in lb 40 years	c. CITY OR TOWN Washburn	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First FRANK	Middle WEBB	Last WEBB	Month April	Day 6, 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1877	9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME T. F. Webb		13b. MOTHER'S MAIDEN NAME Ada Patterson		14. NAME OF HUSBAND OR WIFE Anna W. 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. 500-40-5260	17. INFORMANT Mrs. Chas. Coghill-Cassville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) - <i>Serubility & Congestive Heart Failure</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) - <i>arteriosclerosis, cerebral</i>	
	DUE TO (c) - <i>and Coronary</i>	
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 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 1-18-1959, to 4-6-1961 and last saw ^{her}him alive on 4-6-1961
Death occurred at 11 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles H. Price M.D.</i>	(Degree or title)	22b. ADDRESS <i>Cassville, Mo.</i>	22c. DATE SIGNED <i>4-8-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-8-1961	23c. NAME OF CEMETERY OR CREMATORY Washburn Prairie Cem.	23d. LOCATION (City, town, or county) (State) Barry County, Missouri
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24. FUNERAL DIRECTOR Culver's	ADDRESS Cassville, Mo.	25. DATE RECD. BY LOCAL REG. 4-17-1961	26. REGISTRAR'S SIGNATURE <i>Miedred Haro, Deputy</i>
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INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

0275:10-10-11

11

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.