

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018766

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 187

FILED MAY 23 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		c. CITY OR TOWN Flat River, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. COUNTY St. Francois		b. COUNTY St. Francois		d. STREET ADDRESS (If outside, give location) 405 Lee St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Cora Della Webb				4. DATE OF DEATH Month Day Year May 12, 1961			
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 Feb 5, 1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY House-wife		11. BIRTHPLACE (City and state or country) Shannon County.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME A.J. Buffington		13b. MOTHER'S MAIDEN NAME Elizabeth Vincent		14. NAME OF HUSBAND OR WIFE Wm A. Webb (Dec'd)			
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 Mrs J. Edwin Bennett Flat Rd			
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) Coronary thrombosis						10 min.	
DUE TO (b) Atherosclerotic heart disease						known	
DUE TO (c) o						5 year	
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 checked="" 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 <u>1946</u> to <u>May 12, 1961</u> and last saw her <u>alive</u> on <u>May 11, 1961</u> Death occurred at <u>9 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. L. Foster (Degree or title) md				22b. ADDRESS Drexelage mo		22c. DATE SIGNED 15 May 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-15-1961	23c. NAME OF CEMETERY OR CREMATORY ParkView Cemetery		23d. LOCATION (City, town, or county) (State) Farmington, Mo			
24. FUNERAL DIRECTOR R. Caldwell		ADDRESS & Sons Flat River, Mo		25. DATE RECD. BY LOCAL REG. May 15, 1961	26. REGISTRAR'S SIGNATURE Gather Rudloff		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 25 1961

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.