

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12168

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 101

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Claustron	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) Claustron, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Metzger Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) FRANCES NAOMIE WESTENDORFF			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 25, 1923		9. AGE (In year last birthday) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTH PLACE (State or foreign country) Creighton, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13. FATHER'S NAME John W. Page		13b. MOTHER'S MAIDEN NAME Hazel Smith		14. NAME OF HUSBAND OR WIFE Clarence Westendorff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Clarence Westendorff, Claustron, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute nephritis		DUE TO (b) Chronic glomerular nephritis		15 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 592X		18 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 Aug 28, 1948 to 4/21, 1949, that I last saw the deceased alive on 4/21, 1949, and that death occurred at 4:32 P.m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Powell, D.O. (Degree or title)		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 4/23/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/24/49		24c. NAME OF CEMETERY OR CREMATORY Claustron	
				24d. LOCATION (City, town, or county) (State) Claustron, Mo	

DATE REC'D BY LOCAL REG. 4-24-49		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J.W. Cook, Chilhowee, Mo	
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RECEIVED

District Health Officer No. 7;

District File Number B-49-A

Date Filed 4-29-49

MAY 3 1949

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
Student Embalmer

Signed.....

Licensed Embalmer No. 4321

P. O. Address Chilhowee, Md

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 this body is not embalmed, fact should be so stated above.