

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41877

State File No. ....

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BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stella</u>		c. LENGTH OF STAY (in this place) <u>1</u> day		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Center</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gardwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort, Rt. 1</u>			
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>Wescott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 9 49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 27, 1875</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Carl County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Carl County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur W. Wescott</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Chamberlain</u>		14. NAME OF HUSBAND OR WIFE <u>Jennetta Wescott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jennetta Wescott, Rt. 1, Rocky Comfort, Mo.</u>			
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) <u>Hypertensive Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>Asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>24 1 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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 <u>11-3, 1949</u> , to <u>12-9, 1949</u> , that I last saw the deceased alive on <u>12/9, 1949</u> , and that death occurred at <u>6:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James B. Blum</u>				(Degree or title)		23b. ADDRESS <u>Pineville, Mo.</u>	
23c. DATE SIGNED <u>12/11/49</u>		24a. BURIAL-CREMA-TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jones Chapel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Newton County, Missouri</u>		DATE REC'D BY LOCAL REG. <u>12-16 1949</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John B. Robinson, Goodman, Mo.</u>	

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.  
District File Number 1249-234  
Date Filed DEC 21 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 John B. Papineau  
Licensed Embalmer No. 4446

P. O. Address Goodman, 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 this body is not embalmed, fact should be so stated above.