S. No. 300
v. 10.48

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7523

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0105
d. STREET ADDRESS (If rural, give location): 605 N. Third St.

3. NAME OF DECEASED (Type or Print)
a. (First): INEZ
b. (Middle): MAE
c. (Last): WESTLAKE

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 21, 1896
9. AGE (In years last birthday): 54 — If under 1 year: Months 11 Days 28 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Callaway County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: W.B. Garrett
13b. MOTHER'S MAIDEN NAME: Kathryn Rogers
14. NAME OF HUSBAND OR WIFE: James Edward Westlake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. E.G. Garrett, Columbia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Nephritis — 2 yrs.
DUE TO (c) Multiple Sclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 34 5X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* Sept-30, 1937, *to* Mar-19, 1951, *that I last saw the deceased alive on* Mar-18, 1951, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F.C. Duggett M.D.
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 2-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 22, 1951
24c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery
24d. LOCATION (City, town, or county) (State): Huntsville Callaway County, Mo.

DATE REC'D BY LOCAL REG.: Mar 20 1951
REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer 31
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Parker Funeral Service, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-26-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-26-51

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed W. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.