

No. 300
V. 10-48

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11333

1082

BIRTH NO. 20117-51 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY VERNON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY VERNON

b. CITY OR TOWN NEVADA

c. CITY OR TOWN RURAL-OSAGE 1080

d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA CITY HOSPITAL

d. STREET ADDRESS (If rural, give location) 6 M. S. W. RICH HILL, MO

3. NAME OF DECEASED
a. (First) CONNIE b. (Middle) ANN WESTERHOLD c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) MARCH 27 1951

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH MARCH 9 1951

9. AGE (In years last birthday) 0 Months 0 Days 18 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) NEVADA MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME OSCAR WESTERHOLD

13b. MOTHER'S MAIDEN NAME MERLE SHEDRICK

14. NAME OF HUSBAND OR WIFE

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'S SIGNATURE OR NAME . ADDRESS Oscar Westerhold-Mutz, Missouri

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7630

INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

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 March 26, 1951, to March 27, 1951, that I last saw the deceased alive on March 26, 1951, and that death occurred at 7:58 m., from the causes and on the date stated above.

23a. SIGNATURE Roy W. Pearson, D.H.W.

23b. ADDRESS Nevada, Mo.

23c. DATE SIGNED 3/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MAR 28 1951

24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN

24d. LOCATION (City, town, or county) (State) RICH HILL, MO.

DATE REC'D BY LOCAL REG. 3-31-51

REGISTRAR'S SIGNATURE Anna E. Ferry

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Booth Funeral Home Rich Hill Mo.

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 2 1951

Dist. File 451-704

Date Filed 4-3-51

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

John G. Henderson

Signed.....
Student Embalmer

Licensed Embalmer No. 3585

P. O. Address Butler 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.