

FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 137861

BIRTH NO. _____		REG. DIST. NO. <u>267</u>	PRIMARY REG. DIST. NO. <u>3049</u>	Registrar's No. <u>55</u>
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		
c. LENGTH OF STAY (in this place) <u>1 Week</u>		d. STREET ADDRESS (If rural, give location) <u>300 E. 18th. Street</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hosp.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen Elizabeth</u>		b. (Middle) _____		c. (Last) <u>Westerman</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 31, 1870</u>	9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Wayne County, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Aaron Milton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Tole</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Effie Murphy</u> <u>5226 Raymond Ave. St. Louis, Missouri</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>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infection of Rt. Lungs</u>		<u>8 days</u>
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Articular rheumatism</u> <u>Chronic myocarditis</u>		<u>3 yrs?</u>
19a. DATE OF OPERATION <u>4/7/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>acute tubercular infection of Rt. Lungs</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemiscot Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>4 2 52 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Rt. Fall</u>		
22. I hereby certify that I attended the deceased from <u>March 1, 1952</u> , to <u>April 10, 1952</u> ; that I last saw the deceased alive on <u>April 10, 1952</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. W. German M.D.</u>		23b. ADDRESS <u>Caruthersville Mo</u>		23c. DATE SIGNED <u>4/12/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-16-52</u>	REGISTRAR'S SIGNATURE <u>John W German</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H.S. Spahn Funeral Home 808 Ward Av Caruthersville, Missouri</u>	

4-52-125

Rec. APR 16 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 W. Denver Pike.....

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.