

S. No. 300
V. 10.48

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24800

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5072 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY ???	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairir Twp,		c. CITY (If outside corporate limits, write RURAL and give township), Tulsa	
c. LENGTH OF STAY (in this place) 1 Week		d. STREET ADDRESS (If rural, give location) 816 So. Lewis Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Lotawana K 6			
3. NAME OF DECEASED a. (First) Alma (Type or Print) b. (Middle) Mary c. (Last) Westholt			4. DATE OF DEATH (Month) (Day) (Year) 7/9/1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 20 1875
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	11. BIRTHPLACE (State or foreign country) Rochester N.Y.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Henrt Hass		13b. MOTHER'S MAIDEN NAME Rose Hendell	14. NAME OF HUSBAND OR WIFE Robert G. Westholt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L.R. Westholt Lee's Summit 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 1 hr ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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) (Min.)		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>7-9, 1952</u> to <u>7-9, 1952</u> , that I last saw the deceased alive on <u>7-9, 1952</u> , and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS <i>[Address]</i>	
23c. DATE SIGNED 7-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/16/1952	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Tulsa Okla.	
DATE REC'D BY LOCAL REG. 7-10-52		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Lee's Summit Mo.	

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

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A & B
JUL 21 1952

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

H. B. Langford

Signed.....

Student Embalmer

Licensed Embalmer No.

3833

P. O. Address

High Summit

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.