

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8682

State File No. ....

FILED APR 8 1953

BIRTH NO. .... REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 49

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>61 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>221 E. Vine St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>221 E. Vine St.</u>		e. STREET ADDRESS (If rural, give location) <u>221 E. Vine St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Edith</u> c. (Last) <u>Westrope</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>March 30, 1882</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Office</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Manchester, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Westrope</u>	
13b. MOTHER'S MAIDEN NAME <u>Manecy Duty</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXX</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs David Holopeter</u>		ADDRESS <u>Mexico, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma Breast</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Rt Breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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 <u>170X</u>	
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>Feb 4</u> , 19 <u>53</u> , to <u>March 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 7</u> , 19 <u>53</u> , and that death occurred at <u>10:45</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ernest S. Gant</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Mexico, Mo</u>	
23c. DATE SIGNED <u>3-30-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 31 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. ...</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 31-1953</u>		REGISTRAR'S SIGNATURE <u>Blanche ...</u>	
25. FUNERAL DIRECTOR'S ADDRESS		25. FUNERAL DIRECTOR'S ADDRESS	

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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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Medford, 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.