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

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16328

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Nebraska</p>		b. COUNTY <p style="text-align: center;">Lancaster</p>	
b. CITY (If outside corporate limits, write RURAL and give township.) <p style="text-align: center;">Town Rural-Washington Twnshp.</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">6 mos.</p>		c. CITY OR TOWN <p style="text-align: center;">Lincoln</p>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <p style="text-align: center;">Westgate Farm, Holmes Rd. & Cass City Line</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">unknown</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

8269

3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">GEORGE</p>	b. (Middle) <p style="text-align: center;">HENRY</p>	c. (Last) <p style="text-align: center;">WESTGATE</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">5 16 54</p>		
5. SEX <p style="text-align: center;">Male</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>		8. DATE OF BIRTH <p style="text-align: center;">April 2, 1863</p>	
9. AGE (In years last birthday) <p style="text-align: center;">91</p>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Retired Stockman</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Cattle</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Illinois</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		13a. FATHER'S NAME <p style="text-align: center;">David Westgate</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Unknown</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Mary L. Westgate</p>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Dr. Geo. R. Westgate, R.R., Grandview, Mo.</p>		ADDRESS <p style="text-align: center;">R.R., Grandview, Mo.</p>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">45 min.</p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>				undetermined	
		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 <p style="text-align: center;">4201</p>		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)		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 3-18-50, 1950, to May 16, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">Dr. Donald M. Fairland M.D.</p>		23b. ADDRESS <p style="text-align: center;">315 Nichols Rd</p>		23c. DATE SIGNED <p style="text-align: center;">5-17-54</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>		24b. DATE <p style="text-align: center;">5-17-54</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Lincoln, Nebraska</p>	

DATE REC'D BY LOCAL REG. <p style="text-align: center;">5/17/54</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Durling J. Dodder</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">STINE & McCLURE UND. CO.</p>		ADDRESS <p style="text-align: center;">K.C.MO.</p>	
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(Licensed Embalmer's Statement on Reverse Side)

Dr. W. Harold Hill Farland
215 W. W. Bldg.
Lo. 1533

Time exp. - 3

About 1:00 PM

1954 JUN 8

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.....
Signature of Student Embalmer

Signed F. S. Walton

Licensed Embalmer No. 277

P. O. Address K.C.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.