

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17884

RN-9223
XC-1234643

State File No. _____
Registrar's No. 375

BIRTH FILED JUN 29 1955 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocahontas</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>8030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>S.</u> c. (Last) <u>Westover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married (Sepr.)</u>	8. DATE OF BIRTH <u>April 8, 1893</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton, Wisconsin</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Westover</u>		13b. MOTHER'S MAIDEN NAME <u>Florence A. Hardy</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Westover</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u> ADDRESS _____
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>Adhesive Pericarditis with Coronary Occlusion</u> 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 1. Generalized Arteriosclerosis 2. Diabetes Mellitus 3. Chronic Nephritis 4. Multiple deep abscesses.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY _____	
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>June 13, 1955</u> to <u>June 20, 1955</u> and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ernest M. Tapp, M.D., Chief Prof. Serv.</u>		23b. ADDRESS <u>VA Hospital Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>6-22-55</u>		24. LOCATION (City, town, or county) (State) <u>Butler, Arkansas</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-22-55</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Gene To. Bahala</u>	
DATE REC'D BY LOCAL REG. <u>6/24/55</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Crox</u> ADDRESS <u>Poplar Bluff</u>	
REGISTRAR'S SIGNATURE <u>W. M. Muehle</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

RECEIVED
JUN 27 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

AUG 23 1955

AUG 1 1955

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 6-20-

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Maple Bluff, Pa.

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.