

FILED SEP 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29338**
Registrar's No. **17-1955**BIRTH NO. _____ REG. DIST. NO. **86** PRIMARY REG. DIST. NO. **5329**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN Cuba "Rural" Knobview		c. CITY OR TOWN Cuba "Rural" Knobview	
c. LENGTH OF STAY (in this place) 14 1/2		d. STREET ADDRESS (If rural, give location) 02860	
d. FULL NAME OF HOSPITAL OR INSTITUTION: At home			
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Roy c. (Last) Westbrook		4. DATE OF DEATH (Month) (Day) (Year) Sept. 9-1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIAGE STATUS Married	8. DATE OF BIRTH JAN 21 1887
9. AGE (In years last birthday) 68	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Paducah Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF DECEASED'S WIFE Mrs Rose Clark Westbrook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 499-05-9566	17. INFORMANT'S SIGNATURE OR NAME Mrs Donald Fox - RT 3 Cuba, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Metastatic Carcinoma of Lung DUE TO (c) Carcinoma of Bladder II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Massive Decubitus Ulcers	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X	
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 Sept. 4, 1955 , to Sept. 9, 1955 , that I last saw the deceased alive on Sept. 4, 1955 , and that death occurred at 2:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE C.E. Carnahan		23b. ADDRESS M.D. Bourbon, Missouri	
23c. DATE SIGNED Sept. 10, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE SEPT 12-1955	24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery Cuba	24d. LOCATION (City, town, or county) (State) MO
DATE REC'D BY LOCAL REG. 9-12-1955	REGISTRAR'S SIGNATURE [Signature]	25. GENERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Cuba, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Norman A. Gaener

Licensed Embalmer No. _____

4673

P. O. Address _____

Cuba, 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.