

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10012**

| | | | | | | | | | |
|--|-------------------------------|--|---|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>267</u> | | PRIMARY REG. DIST. NO. <u>3049</u> | | Registrar's No. <u>74</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Steele</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Route 1</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Boy</u> b. (Middle) <u>Stone</u> c. (Last) <u>Westbrook</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-56</u> | | | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>3-1-1956</u> | | 9. AGE (In years last birthday) Months <u>0</u> Days <u>13</u> | IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Holland Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>RB Westbrooks</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Evelyn Stone</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>W.B. Westbrook</u> | | ADDRESS <u>Steele Rt 1</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>Bi-lateral Bronchial pneumonia</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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Hist of 1 Week</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>7630</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) | | 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>3/13</u> , 19 <u>56</u> , to <u>3/14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/13</u> , 19 <u>56</u> , and that death occurred at <u>A</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Woodrow M. Steach, M.D.</u> | | | | 23b. ADDRESS <u>Caruthersville, Mo</u> | | 23c. DATE SIGNED <u>3/14/56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-15-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT Zion</u> | | 24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>3-22-56</u> | | REGISTRAR'S SIGNATURE <u>John H. German</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>German Trust Co.</u> | | ADDRESS <u>Steele Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

4-8756

APR 5 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John St. Germain*.....

Licensed Embalmer No. *43*

P. O. Address *Hayti*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.