

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26430

STATE FILE NUMBER

FILED AUG 28 1956

Registration District No. 96 Primary Registration District No. 4108 Registrar's No. 574

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dallas</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MARSHALL R.H.</u> Length of stay in 1b <u>28 days</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> c. CITY OR TOWN <u>Louisburg, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>(None)</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Louis</u> Middle <u>H.</u> Last <u>Westland</u>		<b>4. DATE OF DEATH</b> Month <u>August</u> Day <u>20</u> Year <u>1956</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Sept. 6, 1880</u>
<b>9. AGE</b> (In years last birthday) <u>75</u>		IF UNDER 24 HRS. Months <u>11</u> Days <u>14</u> Hours <u></u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Gen. Farm</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Rochester, Minn.</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13. FATHER'S NAME</b> <u>Hiram Westland</u>	
<b>14. MOTHER'S MAIDEN NAME</b> <u>MARY Whitman</u>		<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>UNKNOWN</u> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <u>?</u>		<b>17. INFORMANT</b> Address <u>Charlotte DORMAN, Louisburg, Mo.</u>	
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho-pneumonia</u> DUE TO (b) <u>Emphysema + Asthma</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>12 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		_____	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
<b>21. I attended the deceased from</b> <u>1950</u> to <u>8-20-56</u> and last saw <u>him</u> alive on <u>8-20-56</u> Death occurred at <u>3:45</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Degree or title) <u>P. O. Hammond MD</u>		<b>22b. ADDRESS</b> <u>Buffalo Mo</u>	
<b>22c. DATE SIGNED</b> <u>8-22-56</u>		_____	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>23b. DATE</b> <u>8-22-56</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Louisburg Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Louisburg, Mo.</u>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Jones Fuel Home Buffalo, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>8/25/56</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Grace Petree</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 emb

by me or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Gene C. Hunter*

Licensed Embalmer No. *472*

P. O. Address *Buffalo,*

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