

No. 300
10-48

FILED OCT 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32639

BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5747 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) Marquand (Rural)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Marquand
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 3620	

3. NAME OF DECEASED (Type or Print)	a. (First) Jesse	b. (Middle)	c. (Last) Westmoreland	4. DATE OF DEATH (Month) (Day) (Year)	9-20-1957
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 2-27-1939	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (City and State or Foreign Country) Piedmont, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clay Westmoreland	13b. MOTHER'S MAIDEN NAME Esther Street	14. NAME OF HUSBAND OR WIFE Never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clay Westmoreland, Marquand, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MADISON COUNTY, MO	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CASTOR, MADISON, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) SEPT 20 1957 6:00 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? TRUCK OVERTURNED
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22. I hereby certify that I attended the deceased from _____, 1957, to _____, 1957, that I last saw the deceased alive on _____, 1957, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray Wilson Cramer	23b. ADDRESS Fredericktown Mo	23c. DATE SIGNED 9-28-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-22-57	24c. NAME OF CEMETERY OR CREMATORY PATERSON	24d. LOCATION (City, town, or county) (State) Patterson, Missouri
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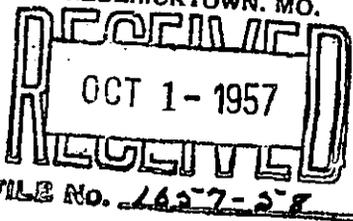
DATE REC'D BY LOCAL REG. 9-23-1957	REGISTRAR'S SIGNATURE Florence Dicko	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. M. Mays
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(Licensed Embalmer's Statement on Reverse Side)

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

87-0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



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.. *Raymond B. Wilson*

Licensed Embalmer No. *488*

P. O. Address *Fredricksburg*

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.