

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045231

STATE FILE NUMBER

FILED DEC 23 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Moberly</i> 6863 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Woodland Hospital</i> Length of stay in lb <i>2 Days</i>		d. STREET ADDRESS <i>320 Patton</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>FANNIE</i> Middle <i>WESTLAKE</i> Last <i>WESTLAKE</i>		4. DATE OF DEATH <i>Dec. - 14 - 1958</i> Month Day Year	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April - 16 - 1881</i>
9. AGE (In years last birthday) <i>77</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Clifton Hill Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Gorham</i>	
14. MOTHER'S MAIDEN NAME <i>Mary Crutchfield</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mrs. Charles Hartig Moberly Mo.</i> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Obstruction of Bowel</i> DUE TO (b) <i>Strangulated Ventral Hernia</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>20 yr</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>April 10 1952 to Dec 14 1958</i> and last saw <i>her</i> alive on <i>12/14/58</i> Death occurred at <i>7:10 P m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>M. P. Deegan MD</i>		22b. ADDRESS <i>Huntville, Mo.</i>	
22c. DATE SIGNED <i>12/16/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <i>Dec - 17 - 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Moberly Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Cates Funeral Home Moberly Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-15-58</i>	
26. REGISTRAR'S SIGNATURE <i>Leah Souce</i>			

DISEASES IN PART 1 MUST BE CASUALLY RELATED. CARER CAN NOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed..... *R. M. Carter*.....

Licensed Embalmer No. *4*.....

P. O. Address *Moherly*.....

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.