

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001045

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 47

300
1-523

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge	Length of stay in 1b 3 yrs.	d. STREET ADDRESS 634 S. New	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HAROLD Middle HOMER Last WESCOTT			4. DATE OF DEATH Month Jan. Day 13 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 16, 1932
9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Attendant		10b. KIND OF BUSINESS OR INDUSTRY Gas and Oil	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David H. Wescott	13b. MOTHER'S MAIDEN NAME Maidia Wilhite
14. NAME OF HUSBAND OR WIFE Betty		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or orders of service) Yes 55 to 57	16. SOCIAL SECURITY NO. 490-30F742
17. INFORMANT Mrs. Betty Wescott		Address Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Probable Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) low car accident DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH ind
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" 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.) Two car accident on corner of Tampa and Campbell. He was thrown out of his car. He was driver of his car.		
20c. TIME OF INJURY Hour 5:45 Month, Day, Year 1-13-59 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., if or about home, farm, factory, street, office bldg., etc.) Street Corner	20f. CITY, TOWN, OR LOCATION Springfield	COUNTY Greene	STATE Missouri
21. I attended the deceased from _____ to Jan. 13, 1959 and last saw her/him alive on _____ Death occurred at 5:45 P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieme (Degree of title) Coroner		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 15 Jan 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Spokane	23d. LOCATION (City, town, or county) Spokane, Mo.
24. FUNERAL DIRECTOR Ralph Thieme		ADDRESS Springfield, Mo. LM	25. DATE RECD. BY LOCAL REG. 1-16-59
		26. REGISTRAR'S SIGNATURE Effie B. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 21 1959

JAN 30 1959

FEB 23 1961

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 *Lee Mason*

: Licensed Embalmer No. 4568
P. O. Address... Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.