

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014577  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 170

1. PLACE OF DEATH  
a. COUNTY **St. Francois**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Farmington, Mo.** Inside Limits Yes  No   
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **White Way N. Home** Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Francois**  
c. CITY OR TOWN **Farmington, Mo.** 0940 Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **508 N. Washington** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
**Gertrude L. Westen**  
4. DATE OF DEATH Month Day Year  
**May 2 1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH **Sept. 26, 1895** 9. AGE (In years birth day) **63** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nursing H. Attendant** 11. BIRTHPLACE (City and state or country) **St. Francois Co., Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. KIND OF BUSINESS OR INDUSTRY  
13a. FATHER'S NAME **Joseph Zelman** 13b. MOTHER'S MAIDEN NAME **Irvinia Smith** 14. NAME OF HUSBAND OR WIFE **Frank Weston, deceased**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT **Troy L. Westen** Address **508 N. Washington Farmington 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) **Ca of Cervix**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ 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 **6 hrs**

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **171X**

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  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 **May 3 1959** to **May 2 1959** and last saw her **alive on April 30, 1959** Death occurred at **5:00 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **Farmington** 22c. DATE SIGNED **5/4/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 4, 1959** 23c. NAME OF CEMETERY OR CREMATORY **Barkview** 23d. LOCATION (City, town, or county) (State) **Farmington, Mo.**

24. FUNERAL DIRECTOR **C.H. Cozart** ADDRESS **Farmington, Mo.** 25. DATE RECD. BY LOCAL REG. **May 4, 1959** 26. REGISTRAR'S SIGNATURE **[Signature]**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

6961 28 JUN

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 .....  
Licensed Embalmer No. 408  
P. O. Address Farmington

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.