

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024674

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB  
 AMENDED

VS 300  
 Rev. 4/59

1  
 28152

3

4  
 0

5  
 2

6

7  
 1

8  
 2

9  
 157X

10

11

12  
 67-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3456 STATE FILE NUMBER

**FILED JUL 5 1963**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Miami</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in Tn <b>11 days</b>	c. CITY OR TOWN <b>Osawatomie</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>729 Brown Avenue</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MR. HARRY WESTOVER</b>		4. DATE OF DEATH Month Day Year <b>June 18, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/25/1888</b>
9. AGE (last birthday) <b>74 Years</b>		10. BIRTHPLACE (City and state or country) <b>Onea, New York</b>	11. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Boiler Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
13a. FATHER'S NAME <b>Stephen Unknown Westover</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Shortsleeve</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Mr. Roy A. Westover Kansas</b>	
17. INFORMANT <b>Mr. Roy A. Westover Kansas</b>		17. ADDRESS <b>Junction City,</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumo pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
DUE TO (b) <b>Metastatic Disease of Liver</b>		<b>3 mo</b>	
DUE TO (c) <b>Carcinoma of Pancreas</b>		<b>1 1/2 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Hour a.m. p.m.	Month, Day, Year		
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 <b>April 12 1962</b> to <b>June 18 63</b> and last saw him alive on <b>June 18 1963</b> Death occurred at <b>4:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hubert M. Parker MD</b>		22b. ADDRESS <b>928 Argyle Bldg</b>	22c. DATE SIGNED <b>6-19-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>June 18, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Osawatomie, Kansas</b>	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure - K. C., Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-19-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth H Long</b>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Hubert M. Powers  
928 Leggett Bldg.  
No. 2 - 3233  
12:00 noon to 5:00 P.M.

W.D.

**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 Richard L. Powers

Licensed Embalmer No. 5190

P. O. Address Kansas City, 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.