

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027007

123

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. _____

FILED JUL 2 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 18pt;">Vernon</p> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada | | Length of stay in 1b 32 years | c. CITY OR TOWN Nevada |
| c. FULL NAME OF (If NOT in hospital, give location) Fanning Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R#1 |
| 3. NAME OF DECEASED (Type or print) GEORGE WESTFALL | | 4. DATE OF DEATH June 19 1963 | |
| 5. SEX M | 6. COLOR OR RACE Wh | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-3-1870 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse trainer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Silvercreek, N. Y. |
| 13a. FATHER'S NAME ? Westfall | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | | 17. INFORMANT Evangeline Mossbarger, Ludlow, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LOWER LIP WITH METASTASES | | | INTERVAL BETWEEN ONSET AND DEATH APPROX 1 yr. |
| 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) | | | 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 June 14, 1963 to June 19, 1963 last saw ^{him} _{her} alive on June 18, 1963 Death occurred at 9:18 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>James J. Pascoe M.D.</i> | | 22b. ADDRESS Moore Building, Nevada, Mo. | 22c. DATE SIGNED 6-25-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 22, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery | 23d. LOCATION (City, town, or county) (State) Nevada Missouri |
| 24. FUNERAL DIRECTOR Ferry Funeral Home | | ADDRESS Nevada, Missouri | 25. DATE RECD. BY LOCAL REG. 6-28-1963 |
| | | 26. REGISTRAR'S SIGNATURE <i>Anna E. Jery</i> | |

USE BLACK INK OR TYPEWRITER RIBBON

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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

L. Anglin Ferry

Licensed Embalmer No. 4960

P. O. Address

Nevada, Missouri

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.