

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043613
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1586

FILED NOV 18 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 <u>0399</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: INSTEAD OF SHOULD READ				
2 <u>0399</u>					
3					
4 <u>0</u>					
5 <u>1</u>					
6					
7 <u>0</u>					
8 <u>2</u>					
9 <u>4500</u>					
10					
11					
12 <u>1-0</u>					
13					
	DOCUMENT				
	MEDICAL CERTIFICATION				
	BY AFFIDAVIT OF				

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 15 years	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 Burge Protestant Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1654 East Dale	
3. NAME OF DECEASED (Type or print) First RAY Middle LESLIE Last WESTFALL			4. DATE OF DEATH Month November Day 14 Year 1963		
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 1-3-1887	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rural Mail Carrier A Halfway, Mo.		10b. KIND OF BUSINESS OR INDUSTRY Sullivan Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Warren Westfall		13b. MOTHER'S MAIDEN NAME Olive Seavey		14. NAME OF HUSBAND OR WIFE Jessie Westfall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of serv) No None		16. SOCIAL SECURITY NO. (None)	17. INFORMANT 1654 E. Dale, Springfield, Missouri Mrs. Jessie Westfall, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerosis					INTERVAL BETWEEN ONSET AND DEATH
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 Sept. 28, 1963 to Nov. 14, 63 and last saw her/him alive on Nov. 13, 63 Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Donnick md</i>			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 11, 14, 63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-16-1963	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. FUNERAL DIRECTOR Springfield, Missouri Ralph Thieme, 1200 Boonville Ave.		25. DATE RECD. BY LOCAL REG. 11-15-63	26. REGISTRAR'S SIGNATURE <i>Lernie Medley</i>		

USE BLACK INK OR TYPEWRITER RIBBON

011110-0111

NOV 20 1963

11-15-63

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 Walter L. Strasser

Licensed Embalmer No. 5164
P. O. Address Appt. No.

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.