

CERTIFICATE OF DEATH

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 107

DO NOT WRITE ON THIS STUB

9. 0  
10a. 49  
10b.  
11. 0  
12. 1  
13. 571.9  
14.  
15. 1  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/70

4. 5117

5. 02

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 5117

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST <b>Garland WESTLAKE</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>Jan. 14, 1970</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>	AGE—(LAST BIRTHDAY) (YEARS) <b>49</b>	UNDER 1 YEAR MOS. DAYS <b>49</b>	UNDER 1 DAY HOURS MIN. <b>09</b>
CITY, TOWN, OR LOCATION OF DEATH <b>St. Joseph,</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Mo. Methodist Hospital</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Mo.</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Jean Westlake</b>
SOCIAL SECURITY NUMBER <b>7499-16-4255</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Tavern Operator</b>	KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>	
RESIDENCE—STATE <b>Mo</b>	COUNTY <b>Buchanan</b>	CITY, TOWN, OR LOCATION <b>St. Joseph,</b>	STREET AND NUMBER <b>2623 Patee</b>
FATHER—NAME FIRST MIDDLE LAST <b>Willard Westlake</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Chloe Clark</b>	
INFORMANT—NAME <b>Jean Westlake</b>		MAILING ADDRESS <b>2623 Patee St. Joseph, Mo</b>	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>Cardiac failure</b>			<b>5 minutes</b>
(b) <b>Massive gastrointestinal hemorrhage</b>			<b>48 hours</b>
(c) <b>Gastric mucosal laceration</b>			<b>48 hours</b>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)			
<b>Hepatic insufficiency / Cirrhosis</b>			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
<b>No</b>			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
<b>No</b>			
CERTIFICATION—PHYSICIAN 21a. DECEASED <b>January 12 1970</b>	CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION: 22a. DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES(S) STATED.	AND LAST SAW HIM/HER ALIVE ON DAY YEAR <b>January 14 1970</b>	I DID/DID NOT VIEW THE BODY/PATIENT DEATH. 21b. <b>Dr</b>
CERTIFIER—NAME (TYPE OF PRINT) <b>Edward M. Beheler</b>	SIGNATURE <b>Edward M. Beheler</b>	DEGREE OR TITLE <b>Dr</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21c. <b>9:30 P</b>
MAILING ADDRESS—CERTIFIER <b>2403 Frederick</b>	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>St. Joseph, Mo</b>	DEGREE OR TITLE <b>Dr</b>	DATE RECEIVED BY LOCAL REGISTRAR <b>FEB 2 12 1970</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	CEMETERY OR CREMATORY—NAME <b>Kidwell Cemetery</b>	LOCATION CITY OR TOWN STATE <b>Martinsville, Mo</b>	
DATE <b>Jan 17, 1970</b>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Rupp Funeral Home St. Joseph, Mo</b>		
FUNERAL DIRECTOR—SIGNATURE <b>John E. Rupp</b>	REGISTRAR—SIGNATURE <b>Ray Valentine</b>	DATE RECEIVED BY LOCAL REGISTRAR <b>February 4, 1970</b>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAR 2 - 1970

**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,

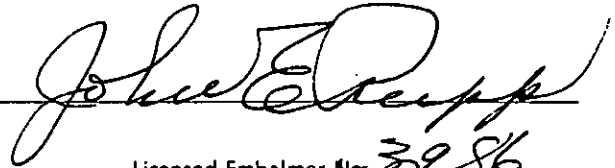
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.