

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20798

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4266 Registrar's No. \_\_\_\_\_

540

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Rural Wellington</u>		c. CITY OR TOWN <u>Wellington</u> <u>1540</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>M. Westerman</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 7, 1868</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Augusta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Holke</u>	13b. MOTHER'S MAIDEN NAME <u>Koch</u>	14. NAME OF HUSBAND OR WIFE <u>William Westerman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Arthur Flucke</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u> <u>3 yrs.</u> <u>5 yrs.</u> <u>410X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		
	ANCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral stenosis</u> DUE TO (c) <u>Endocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMEICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1950, to June 6, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Dr. J. Clair Sheppard</u>	22b. ADDRESS <u>Wellington, Mo.</u>	22c. DATE SIGNED <u>6-7-50</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/8/50</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cem.</u>
23d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>	23e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Clair Sheppard Wellington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-8-50</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	

JUN 26

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7/6/50

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.

Signed J. Clair Shippard

Signed.....  
Student Embalmer

Licensed Embalmer No. 4179

P. O. Address Wellington, N.C.

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 this body is not embalmed, fact should be so stated above.