

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon J & Sr.  
State File No. 8127  
Registrar's No. 212

FILED MAR 19 1951

|  |                           |  |   |   |   |
|--|---------------------------|--|---|---|---|
| BIRTH NO.  |                           | REG. DIST. NO. 128   |   | PRIMARY REG. DIST. NO. 2000                                       |   |
| 1. PLACE OF DEATH<br>a. COUNTY Greene  |                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri<br>b. COUNTY Greene |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>Springfield  |                           | c. LENGTH OF STAY (In this place)<br>20 Yrs.   | c. CITY (If outside corporate limits, write RURAL and give township)<br>Springfield   |   | 0396  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. John Hosp.  |                           |  | d. STREET ADDRESS (If rural, give location)<br>1354 E. Cherokee 0   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Jarvis  |                           | b. (Middle) F.   | c. (Last) Westerman   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>March 10, 1951        |   |
| 5. SEX<br>Male 0   | 6. COLOR OR RACE<br>White | 7. MARRIED. NEVER MARRIED.<br>WIDOWED, DIVORCED (Specify)<br>Married 1                                 | 8. DATE OF BIRTH<br>Feb. 4 1898   | 9. AGE (In years) 53  | # UNDER 1 YEAR<br>Months Days   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Springfield Auto  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Parts Co.   | 11. BIRTHPLACE (State or foreign country)<br>Houston, Mo. 0   |   | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |
| 13a. FATHER'S NAME<br>Robert F. Westerman  |                           | 13b. MOTHER'S MAIDEN NAME<br>Rosa Gross  |   | 14. NAME OF HUSBAND OR WIFE<br>Norma Westerman                    |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, or unknown) (If yes, give year or dates of service)<br>Yes 1917-1918  |                           | 16. SOCIAL SECURITY NO.<br>Unknown   | 17. INFORMANT'S SIGNATURE OR NAME<br>Mrs. Norma Westerman   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion, acute                       |   | INTERVAL BETWEEN ONSET AND DEATH<br>2 hrs.  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Coronary sclerosis (Symptoms) 3 wks.   |                           |  | DUE TO (c)  |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                           |  |   |   | 4201  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (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) (Min.)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |   |   |
| 22. I hereby certify that I attended the deceased from 9PM 3-10, 1951, to 10:40PM 3-10-1951, that I last saw the deceased alive on 3-10, 1951, and that death occurred at 10:40pm, from the causes and on the date stated above. |                           |  |   |   |   |
| 23a. SIGNATURE<br>G. B. Lemmon Jr. O. M.D.   |                           |  | 23b. ADDRESS<br>Springfield, Mo.  |   | 23c. DATE SIGNED<br>3-12-51   |
| 24a. BURIAL CREMATION REMOVAL (Specify)<br>Burial 11   | 24b. DATE<br>3/13/51      | 24c. NAME OF CEMETERY OR CREMATORY<br>Greenlawn  |   | 24d. LOCATION (City, town, or county) (State)<br>Springfield, Mo. |   |
| DATE REC'D BY LOCAL REG.<br>3/12/51  |                           | REGISTRAR'S SIGNATURE<br>W. E. Handley   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br>H. H. Lohmeyer                |   |
|  |                           |  |   | ADDRESS<br>Springfield, Mo.                                       |   |

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

APR 26 1951

MAY 22 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Walter E Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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