

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11671

State File No. \_\_\_\_\_

No. 300  
10.48  
FEB MAR 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>2254</u>		PRIMARY REG. DIST. NO. <u>4476</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: name before institution) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>		<u>1950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>GEORGE W WESTHOFF</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 29 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 14 1879</u>		9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	11. UNDER 4 HRS. Hour <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Schuyler Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Westhoff</u>		13b. MOTHER'S MAIDEN NAME <u>Suzanne Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Luella Westhoff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Meta L. Constock Downing Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure Caused</u>  ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralysis</u> DUE TO (c) <u>Paralysis</u>  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Downing Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>NO</u>		21f. HOW DID INJURY OCCUR? <u>NO INJURY</u>				
22. I hereby certify that I attended the deceased from <u>Feb 23, 1952</u> , to <u>Feb 28, 1952</u> , that I last saw the deceased alive on <u>Feb 28, 1952</u> , and that death occurred at <u>2:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H.E. Gerwig M.D.</u>			23b. ADDRESS <u>Downing Mo</u>		23c. DATE SIGNED <u>3/11/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 2 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Downing cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Downing Mo</u>			
DATE REC'D BY LOCAL REG. <u>Mar 11-52</u>	REGISTRAR'S SIGNATURE <u>Carroll Drake</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerthobert Memphis Mo</u>			ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis Mo.

**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.