

STANDARD CERTIFICATE OF DEATH

19062

State File No. ....

FILED JUN 6 1952

BIRTH NO. .... REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4487 Registrar's No. 617

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

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAMBURG		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAMBURG	
c. LENGTH OF STAY (in this place) 30 yrs		1800	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEW HAMBURG		d. STREET ADDRESS (If rural, give location) NEW HAMBURG	

3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE	b. (Middle)	c. (Last) WESTRICH	4. DATE OF DEATH (Month) (Day) (Year) MAY 15 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 3 1867	9. AGE (In years last birthday) 85	10 UNDER 1 YEAR Months	11 UNDER 1 HR. Hours	12 UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME STEPHEN GLASSER	13b. MOTHER'S MAIDEN NAME CATHERINE SPOONHAUER	14. NAME OF HUSBAND OR WIFE JOHN J. WESTRICH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN J. WESTRICH	ADDRESS NEW HAMBURG, MO.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vascular Hypertension		
	DUE TO (c)		
11. 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	331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 5/9, 1952, to 5/15, 1952, that I last saw the deceased alive on 5/13, 1952, and that death occurred at 2:50A. m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Clive M.D. (Degree or title)	23b. ADDRESS Oran Mo.	23c. DATE SIGNED 5/13/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 17 1952	24c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE	24d. LOCATION (City, town, or county) (State) NEW HAMBURG MO.
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DATE REC'D BY LOCAL REG. May-29-52	REGISTRAR'S SIGNATURE Mrs. Addie Harrod 3957	25. FUNERAL DIRECTOR'S SIGNATURE Call J. Smith	ADDRESS ORAN, MO.
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REC'D 6-2-52  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 652-156

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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Owen, 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.