

STANDARD CERTIFICATE OF DEATH

State File No. 41382

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6249 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) Benton twshp.		c. LENGTH OF STAY (In this place) lifelong		c. CITY (If outside corporate limits, write RURAL and give township) Benton township Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Patterson, Missouri			

3. NAME OF DECEASED (Type or Print) Charles Lee Westmoreland			4. DATE OF DEATH (Month) (Day) (Year) 11/17/52		
a. (First)	b. (Middle)	c. (Last)			

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 6/25/1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 4	IF UNDER 12 HRS. Days 2	IF UNDER 12 HRS. Hours 2	IF UNDER 12 HRS. Min. 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general farming		11. BIRTHPLACE (State or foreign country) Wayne County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Harrison Westmoreland		13b. MOTHER'S MAIDEN NAME Lucretia Gothe rn		14. NAME OF HUSBAND OR WIFE Divorced	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-18-3622		17. INFORMANT'S SIGNATURE OR NAME Lucy Jane Fox		ADDRESS Piedmont, 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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 12 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) hypertension					
		DUE TO (c) cerebral thrombosis					
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 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) Logan, Wayne Mo	
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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?	
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22. I hereby certify that I attended the deceased from 4-17, 1952, to 11-17, 1952, that I last saw the deceased alive on 11-17, 1952 and that death occurred at 12:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Stoney M.D.		23b. ADDRESS Piedmont, Mo		23c. DATE SIGNED 11-22-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/19/52		24c. NAME OF CEMETERY OR CREMATORY Wood Cemetery		24d. LOCATION (City, town, or county) (State) Patterson, Missouri	
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DATE REC'D BY LOCAL REG. Dec. 2, 1952		REGISTRAR'S SIGNATURE Hazel Ward		25. FUNERAL DIRECTOR'S SIGNATURE William Codes		ADDRESS Piedmont, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

1110

RECEIVED
DEC 8 1952

WAYNE CO. HEALTH CENTER

FILE No. 1252-60

DEC 29 1952

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address _____

Fiedmont, Missouri 1

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.