

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24379

State File No.

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 17

370
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1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u> <u>0370</u> <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>610 Apple Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>610 Apple Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carol</u>	b. (Middle) <u>Jean</u>	c. (Last) <u>Westholz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 16, 1949</u>	9. AGE (In years last birthday) <u>3</u>	10 UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11 OVER 1 YEAR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>**</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>**</u>	11. BIRTHPLACE (State or foreign country) <u>Washington, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Walter Westholz</u>	13b. MOTHER'S MAIDEN NAME <u>Iva Miller</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>**</u> (If yes, give war or dates of service) <u>**</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Westholz</u> ADDRESS <u>Owensville</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>4 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Malformation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus</u> DUE TO (c) _____ 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 <u>752 X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 July 16, 1949, to July 11, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 7 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Kim. Keller</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>7-11-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-12-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 13, 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappner</u> <u>493-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter N. H. Martin</u> ADDRESS <u>OWENSVILLE</u>
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(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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melford H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.