

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36938**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY <u>ST FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>ALICE</u> e. (Last) <u>WESCOAT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 18 - 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-9-1873</u>
9. AGE (in years last birthday) <u>80</u>		if UNDER 1 YEAR <u>4</u> Months <u>9</u> Days	if UNDER 1 HR. <u>9</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST FRANCOIS Co MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN FRANK O'BANNON</u>	
13b. MOTHER'S MAIDEN NAME <u>MARTHA W. SLOSS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES A. WESCOAT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</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>James A. Wescoat - Morley Mo</u>		ADDRESS <u>—</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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive Cardio-vascular disease</u> DUE TO (c) <u>443X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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)		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 <u>Oct 17, 1953</u> to <u>Oct 18, 1953</u> , that I last saw the deceased alive on <u>Oct 18, 1953</u> , and that death occurred at <u>LINA, m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. E. Conleton, M.D.</u>		23b. ADDRESS <u>Farmington, MO</u>	
23c. DATE SIGNED <u>10-27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-20-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home - Sikeston Mo</u>		ADDRESS <u>—</u>	

(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

Raymond Crews

Licensed Embalmer No.

3467

P. O. Address

Sikeston 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.