

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38151**

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5006** Registrar's No. **377**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5 or 6 miles N. Ricks - Pake to emante		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER	
d. FULL NAME OF HOSPITAL OR INSTITUTION highway 63-		d. STREET ADDRESS (If rural, give location) 0980 1	

3. NAME OF DECEASED (Type or Print) a. (First) RAV b. (Middle) Forrest c. (Last) Westbrook		4. DATE OF DEATH (Month) (Day) (Year) Nov 12 53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never-MARRIED	8. DATE OF BIRTH JUN 3 1893
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LANCASTER MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME AGRIPPA Westbrook	
13b. MOTHER'S MAIDEN NAME LUSA MILLS		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-26-9895		17. INFORMANT'S SIGNATURE OR NAME Blonnie ADDRESS Blonnie	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severed spinal cord		b. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gunshot wound in neck			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Schuyler to Canton	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lancaster Schuyler MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 12, 1953 1:20 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted, 22 cal.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert B. Davis Coroner 3	23b. ADDRESS Kirkville Adair, Mo.	23c. DATE SIGNED 11-12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 15 53	24c. NAME OF CEMETERY OR CREMATORY IOOF	24d. LOCATION (City, town, or county) (State) Lancaster MO
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DATE REC'D BY LOCAL REG. 11-15-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Blain Norman	ADDRESS Lancaster MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Minnie Morehead

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Minnie Morehead*

Licensed Embalmer No. *3680*

P. O. Address *Lancaster 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.