

STANDARD CERTIFICATE OF DEATH

State File No. 38007

FILED DEC 2 - 1953

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 5303		Registrar's No. 328	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Cole		Jefferson Twp		a. STATE Missouri		b. COUNTY Cole	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Jefferson City, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Jefferson Township		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Panzer Bridge Road - Home				e. STREET ADDRESS (If rural, give location) 0260			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Louis		b. (Middle) De Westplore		c. (Last)		Nov. 25, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 18, 1883	
9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Months 3		11. BIRTHPLACE (City and State or Foreign Country) Belgium		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Belgium		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John De Westplore			13b. MOTHER'S MAIDEN NAME Beatrice Van Loo			14. NAME OF HUSBAND OR WIFE Agnes Clark	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes De Westplore		ADDRESS J. C. MO.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-Vascular Lesions			
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day			
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) 4201			
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 Nov. 20, 1953, to Nov. 25, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.							
23a. SIGNATURE L. B. Cleblam, M.D.				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 11-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. Nov. 30 - 1953		REGISTRAR'S SIGNATURE R. P. Norris MD		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle		ADDRESS J. C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

260

MAR 22 1956

MAY 16 1956

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
Signature of Student Embalmer

Signed *Sylvester Dulle*
Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.