

FILED AUG 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25947

State File No.

BIRTH NO. 5000P-54 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>10.03</u>
c. LENGTH OF STAY (in this place) <u>1 Day</u>		e. STREET ADDRESS (If rural, give location) <u>211 N. Handy St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>Mo. Delta Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>Lee</u> c. (Last) <u>Westmoreland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 26 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-25-1954</u>	9. AGE (in years last birthday) <u>---</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jimmy Lee Westmoreland</u>		13b. MOTHER'S MAIDEN NAME <u>Joyce Jennell Westmoreland</u>	
14. NAME OF HUSBAND OR WIFE <u>-----</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Joyce Westmoreland, Sikeston, Mo.</u>					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity - 28 wks</u>		DUE TO (b) <u>---</u>		<u>17 hours</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>---</u>			
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>776 X</u>		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) m.		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 7-25, 1954, to 7-26, 1954, that I last saw the deceased alive on 7/26, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Urban M.D.</u> (Degree or title)		23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>7-28-54</u>	
24a. BURIAL - CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem. Sikeston, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Jones</u>		ADDRESS <u>Sikeston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-3-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>			

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

AUG 9 19
DATE RECEIVED _____
SCOTT CO. HEALTH I
CO. FILE No. 854-

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.....
John A. Mutton

Licensed Embalmer No. 29

P. O. Address Spk 2

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.