

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43104

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>Scott</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>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		1003
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 211 Hanky</u>			d. STREET ADDRESS (If rural, give location) <u>211 N. Hanky</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pink</u>		b. (Middle) <u>Westmoreland</u>	c. (Last) <u>Westmoreland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Feb 13, 1897</u>	9. AGE (In years last birthday) <u>57</u>	10. <u>10</u> Months <u>23</u> Days <u>23</u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chicken Dresser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Poultry House</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Willard Westmoreland</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 <u>Willard Westmoreland</u>			ADDRESS <u>Sikeston Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) (Min.)	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>10/11</u> , 19 <u>54</u> , to <u>12/6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12/6</u> , 19 <u>54</u> , and that death occurred at <u>4:10 am</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm. C. Critchlow M.D.</u>		23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>Dec. 10, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston City</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-14-54</u>	REGISTRAR'S SIGNATURE <u>Mr. Edgar Hunter</u> 429		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u> ADDRESS <u>Sikeston Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1954

DATE RECEIVED \_\_\_\_\_

SCOTT CO. HEALTH DEPT.

CO. FILE No.

1254-261

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Edgar McFinkle*

Licensed Embalmer No. 4695

P. O. Address East Prairie, 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.