

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37245

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 483

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	c. LENGTH OF STAY (In this place) 21 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 2129 BIRD AVE.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) W.	c. (Last) WESTERMAN	4. DATE OF DEATH (Month) (Day) (Year) NOV. 19, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 6, 1873	9. AGE (In years (by birthday)) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER	10b. KIND OF BUSINESS OR INDUSTRY MINING	11. BIRTHPLACE (State or foreign country) CLINTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNK	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES SPANISH AMERICAN	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME MRS. DOROTHY JOHNSON, 2129 BIRD AVE	ADDRESS -----
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral embolus</u>		<u>3 wks.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 30, 1955, to Nov. 19, 1955, that I last saw the deceased alive on Nov. 19, 1955, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS 308 Frisoo Bldg., Joplin, Mo.	23c. DATE SIGNED 11-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-22-55	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEMETERY,	24d. LOCATION (City, town, or county) (State) CLINTON, MISSOURI
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DATE REC'D BY LOCAL REG. 11-21-55	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS -----
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(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *3319*

P. O. Address *Joplin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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