No. 300
10.48

FILED JAN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3513

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 15

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

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sikeston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scott
c. CITY OR TOWN Sikeston
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
STREET ADDRESS (If rural, give location) Route 4 1000

3. NAME OF DECEASED (Type or Print) a. (First) Sim b. (Middle) c. (Last) Westmoland

4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 1956

5. SEX Male
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 1, 1890
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 4 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Bladgett, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Scene Westmoland
13b. MOTHER'S MAIDEN NAME Betty
14. NAME OF HUSBAND OR WIFE Rose Westmoland

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. no
17. INFORMANT'S SIGNATURE OR NAME R 4 ADDRESS Rose Westmoland Sikeston, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 481X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/12, 1956, *to* 1/19, 1956, *that I last saw the deceased alive on* 1/12, 1956, *and that death occurred at* 3:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) McMill D.O.
23b. ADDRESS Sikeston Mo
23c. DATE SIGNED 1/19/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-21-1956
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.

DATE REC'D BY LOCAL REG. 1-21-56
REGISTRAR'S SIGNATURE Mrs Ella Hunter 429-0
25. FUNERAL DIRECTOR'S SIGNATURE Albritton Funeral Home ADDRESS Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1956

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 156-23

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Elgin McMahle.....

Licensed Embalmer No. 469

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.