

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29613**

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6190** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Kansas b. COUNTY Cambon	
b. CITY OR TOWN Bramson Rural		c. CITY OR TOWN Eastcott	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION an white Runy		e. STREET ADDRESS (if rural, give location) Rural 81508	
3. NAME OF DECEASED (Type or Print) (First) Dorald Francis (Middle) Wescot (Last) Wescot		4. DATE OF DEATH (Month) 9 (Day) 2 (Year) 56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 25 1945
9. AGE (In years last birthday) 11		IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Eastcott Kansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Clifford Wescot	
13b. MOTHER'S MAIDEN NAME Mary A. Phillip		14. NAME OF HUSBAND OR WIFE none	
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 Clifford Wescot ADDRESS Eastcott Kan
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Accidental Drowning ANTECEDENT CAUSES Due to overturned boat. DUE TO (b) overturned boat. DUE TO (c) F850 II. OTHER SIGNIFICANT CONDITIONS 350x Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 42	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) White River	
21c. (CITY, TOWN, OR TOWNSHIP) 106 (COUNTY) Taney (STATE) MO.			
21d. TIME OF INJURY (Month) 9 (Day) 2 (Year) 56 (Hour) 11 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Boat overturned.			
22. I hereby certify that I attended the deceased from 9-3 , 19 56 , to 9-3 , 19 56 , that I last saw the deceased on Sept 3 , 19 56 , and that death occurred at 11 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Larry Earnest Carson (Degree or title) Registrar		23b. ADDRESS Bramson Mo	
23c. DATE SIGNED 9-3-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-3-56	
24c. NAME OF CEMETERY OR CREMATORY Heistrell Cemetery		24d. LOCATION (City, town, or county) (State) Eastcott Kansas	
DATE REC'D BY LOCAL REG. 9/4/56		REGISTRAR'S SIGNATURE A. Lew Campbell	
25. FUNERAL DIRECTOR'S SIGNATURE Kanerty F. Home		ADDRESS Eastcott Kansas	

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

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(Licensed Embalmer's Statement on Reverse Side)

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 *Minnie L. Whelchel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Brunson 7*.....

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.