

FILED DEC 24 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 42382

BIRTH NO. <u>7389929-56</u>		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3652</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: guidance before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sadalia</u>		c. LENGTH OF STAY (in this place) <u>4</u>		c. CITY OR TOWN <u>Sadalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u>		b. (Middle) <u>John</u>		c. (Last) <u>WESTERMIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Dec 15 1956</u>	
9. AGE (In years last birthday) <u>12</u>		10. IF UNDER 1 YEAR Months <u>12</u>		11. IF UNDER 24 HRS. Hours <u>12</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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>Infant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sadalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Westermier</u>		13b. MOTHER'S MAIDEN NAME <u>Gladys Kuttentuber</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (a. no, or unknown) (b. If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>7735</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Westermier</u>		ADDRESS. <u>Sadalia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> 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 checked="" type="checkbox"/>		7735	
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>15 Dec</u> , 19 <u>56</u> , to <u>16 Dec</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12 Dec</u> , 19 <u>56</u> , and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Donald C. Porter M.D.</u>				23b. ADDRESS <u>Sadalia Mo.</u>		23c. DATE SIGNED <u>17 Dec 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Sadalia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-17-56</u>		REGISTRAR'S SIGNATURE <u>Helena Coontz Dyall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M<sup>c</sup>Laughlin Bros</u>		ADDRESS <u>Sadalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

---

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.....

*K.P.M. Cray*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

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.