

THE DIVISION OF HEALTH AND MISSOURI  
STANDARD CERTIFICATE OF DEATH

12480

FILED MAY - 9 1957

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 87

Health,  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Christian</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Polk Township</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Billings, Rt. #2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>			Length of stay in lb <b>53 years</b>		d. STREET ADDRESS <b>3 1/2 Miles NW</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>OTTO WESTERMANN</b>				First <b>OTTO</b>	Middle <b>WESTERMANN</b>		Last	4. DATE OF DEATH <b>April 24, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 24, 1903</b>		9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 21 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Billings, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13. FATHER'S NAME <b>Fredrick Westermann</b>				14. MOTHER'S MAIDEN NAME <b>Mary Ebersold</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>491120026</b>		17. INFORMANT Address <b>Route #2, Mrs. Ruth Westermann, Billings, Mo.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot Wound from a level below the eyes upward, being completely blown away</b>								INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Deceased placed a .12 Ga. Shotgun between the Rtft eye and Rt. ear and caused it to be discharged.</b>							
20c. TIME OF INJURY Hour Month, Day, Year <b>6:00 a.m. 4/24/57</b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm Home</b>		20f. CITY, TOWN, OR LOCATION <b>Polk Township Christian Missouri</b>	
21. I attended the deceased from --- to --- and last saw her/him alive on --- Death occurred at <b>6:00</b> a. m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>Oliver Harris</i> (Degree or title) <b>Coroner</b>				22b. ADDRESS <b>Christian Co. Clever, Missouri</b>				22c. DATE SIGNED <b>4/26/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/28/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Smart Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Billings, Missouri</b>					
24. FUNERAL DIRECTOR <i>Oliver Harris</i> ADDRESS <b>Clever, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>May 6, 1957</b>		26. REGISTRAR'S SIGNATURE <i>Oliver Harris</i>				

(Licensed Embalmer's Statement on Reverse Side)

509-0

MAY 14 1957

AUG 24 1958

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 *J. Lewis Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.