

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31655**

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) Ironton		c. LENGTH OF STAY (In this place) c. CITY OR TOWN Marquand	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's		STREET ADDRESS (If rural, give location) 0621	

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Westmoreland c. (Last) Westmoreland			4. DATE OF DEATH (Month) (Day) (Year) 9-20-1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6-2-1937		9. AGE (In years last birthday) 20 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) Piedmont, Missouri	
13a. FATHER'S NAME Clay Westmoreland			13b. MOTHER'S MAIDEN NAME Esther Street		14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clay Westmoreland Marquand, 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) Fractured skull		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carroll J. Jaymes			
		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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway F		21c. (CITY, TOWN, OR TOWNSHIP) 0621 COUNTY (STATE) Madison Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 20 577/15A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck over turned	

22. I hereby certify that I attended the deceased from **9-20**, 19**57**, to **9-20**, 19**57**, that I last saw the deceased alive on **9-20**, 19**57**, and that death occurred at **12:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS [Address]		23c. DATE SIGNED 9/20/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-22-57		24c. NAME OF CEMETERY OR CREMATORY Patterson Cemetery		24d. LOCATION (City, town, or county) (State) Patterson, Missouri	
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DATE REC'D BY LOCAL REG. Sept. 21, 1957		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Marquand Mo	
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WRITE PLAINLY—USING UNFADEING 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 *Raymond B. Wilson*.....

Licensed Embalmer No. *4887*

P. O. Address *Frederick*

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..