

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

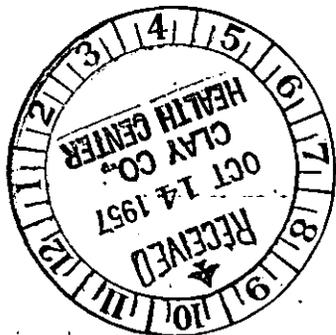
State File No. **35180**

FILED OCT 21 1957

BIRTH NO. _____		REG. DIST. NO. <u>22</u>	PRIMARY REG. DIST. NO. <u>4134</u>	Registrar's No. <u>107</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY OR TOWN <u>Smithville</u>		c. CITY OR TOWN <u>Trimble</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 HOSPITAL OR INSTITUTION <u>Smithville Community Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>8 miles North West Smithville</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Barton</u> c. (Last) <u>Westover</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1957</u>		
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 3, 1881</u>	9. AGE (In years last birthday) <u>75</u> 75 Months <u>11</u> 11 Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>OLMITZ, KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.A.</u>		13a. FATHER'S NAME <u>JOHN WESTOVER</u>		
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE IRMINGER WESTOVER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>497-40-1876</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LILLIE WESTOVER,</u> ADDRESS <u>TRIMBLE, MO. R.F.D.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal failure & Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Shock, prolonged</u>		<u>12 hrs</u>
		DUE TO (c) <u>Bleeding gastric ulcer</u>		<u>4 hrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>5400</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>10-2</u> , 1957, to <u>10-3</u> , 1957, that I last saw the deceased alive on <u>10-3</u> , 1957, and that death occurred at <u>4:20</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Paul C. Vesco</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Smithville, Mo</u>		23c. DATE SIGNED <u>10-3-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-5-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paradise Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Clay County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCOMAS FUNERAL HOME,</u> ADDRESS <u>Smithville, MO</u>		
DATE REC'D BY LOCAL REG. <u>10-5-57</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—Consistency copy Oct 21/1957

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OCT 21 1957

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 *Donald W. Hawks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.