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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

47706
STATE FILE NUMBER

FILED JAN 22 1958

Registration District No. 371 Primary Registration District No. 4542 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rogersville — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Webster
c. CITY OR TOWN: Rogersville 1120 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Oscar Middle: Valentine Last: Wester

4. DATE OF DEATH: Month: Dec. Day: 21 Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: October 13 1892

9. AGE (In years last birthday): 65 — 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): Oil Truck Operator

10b. KIND OF BUSINESS OR INDUSTRY: M.F.A. Oil Co

11. BIRTHPLACE (City and state or country): Webster Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James W. Wester

13b. MOTHER'S MAIDEN NAME: Margaret Kinsler

14. NAME OF ~~HUSBAND~~ OR WIFE: Velvie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Velvie Wester, Rogersville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
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): 157X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 7, 1957, to Dec. 15, 1957 and last saw her/him alive on Dec. 15, 1957
Death occurred at December 21, 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. Richard Webb M.D.

22b. ADDRESS: 609 Cherry, Springfield, Mo.

22c. DATE SIGNED: 1/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec 23, 1957

23c. NAME OF CEMETERY OR ~~CREMATORY~~: Panther Valley Cemetery

23d. LOCATION (City, town, or county) (State): Rogersville, Rural, Missouri

24. FUNERAL DIRECTOR ADDRESS: D. C. Ferrell, Rogersville Mo.

25. DATE RECD. BY LOCAL REG.: 1-14-58

26. REGISTRAR'S SIGNATURE: Opal M. Good.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

42-1

JAN 23 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 ..... Signed Wm K. Ferrell
Signature of Student Embalmer

Licensed Embalmer No. 4910
P. O. Address Rogersville, 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.