

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State No. 58-022989

FILED JUN 30 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY OR TOWN Old Monroe	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) D.O.A.		No. STREET ADDRESS 0570 (If rural, give location) R.F.D. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph			

3. NAME OF DECEASED (Type or Print) Anna Rose Westhoff			4. DATE OF DEATH (Month) (Day) (Year) Jun. 26, 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 30, 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours Min. 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Old Monroe, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Kainman	13b. MOTHER'S MAIDEN NAME Theresa Eggering	14. NAME OF HUSBAND OR WIFE Henry Westhoff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 493-44-6867	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Westhoff, Old Monroe, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis		1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis.		3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hichesta mellea		12 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 May 12, 1957, to June 26, 1958, that I last saw the deceased alive on Dec 11, 1957, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE B. J. Pawly (Degree or title) W.D.O.	23b. ADDRESS St. Charles Mo	23c. DATE SIGNED Jan 27 1958
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE Jun. 28, 1958	24c. NAME OF CEMETERY OR CREMATORY Old Monroe Cemetery	24d. LOCATION (City, town, or county) (State) Old Monroe, R.F.D. #1, Mo.
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DATE REC'D BY LOCAL REG. JUNE 28 1958	REGISTRAR'S SIGNATURE Marcelle Wilson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. Galarichs - Elsberry, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 3

MAR 7 1961

JUL 21 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 *Ogilvie*

Licensed Embalmer No. *4012*

P. O. Address *Elstern, N*

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.