

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-013814**

**FILED VS MAR 28 1960**

Registration District No. 323 Primary Registration District No. 6095 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Schuyler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fabius Twp.</b>		Length of stay in 1b <b>3 yrs.</b>		c. CITY OR TOWN <b>Downing</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Luella</b> Middle <b>Westhoff</b> Last <b>Westhoff</b>				4. DATE OF DEATH Month <b>March</b> Day <b>11</b> Year <b>1960</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-26-74</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>13</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Schuyler Co., Mo.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <b>Richard Gabriel Speer</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Jane Blanchard</b>			14. NAME OF HUSBAND OR WIFE <b>Geo. Westhoff</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Tilman Comstock, Downing, Mo.</b> Address				
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>Medullary failure</b> DUE TO (b) <b>Cerebral thrombosis</b> DUE TO (c) <b>Atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>1 week</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>June 1954</b> to <b>March 11, 1960</b> and last saw her <b>him</b> alive on <b>March 11, 1960</b> Death occurred at <b>1:15</b> <b>P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Mr. Stoker, D.O.</b> (Degree or title)				22b. ADDRESS <b>Lancaster, Mo.</b>			22c. DATE SIGNED <b>3-12-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 13-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Downing Cemetery</b>		23d. LOCATION (City, town, or county) <b>Downing, Mo.</b>		STATE		
24. FUNERAL DIRECTOR <b>More Funeral Home, Downing, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>3/14/1960</b>		26. REGISTRAR'S SIGNATURE <b>Boys. R. Stoker</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *M. Payne*

Licensed Embalmer No. 2196

P. O. Address Memphis

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.