

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031165

FILED VS SEP 18 1960 170

Registration District No. 170 Primary Registration District No. Registrar's No. 133

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LACLEDE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LACLEDE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AUGALIZE TWP		Length of stay in 1b 3YRS		c. CITY OR TOWN LEBANON MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CEDAR GROVE REST HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ---	
3. NAME OF DECEASED (Type or print) First ISAAC Middle W. Last WESTERFIELD			4. DATE OF DEATH Month SEPT Day 4 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1872	9. AGE (last birthday) 88	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME WILLIAM WESTERFIELD		13b. MOTHER'S MAIDEN NAME ELSIE HUNT		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ---	17. INFORMANT Address SADIE FROST SUNRISE BEACH MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 6 mos.
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) Prostatism				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 checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 1953 to 9/4/60 and last saw him alive on Aug 1960 Death occurred at 930 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE George Z. Fisher (Degree or title) M.D.			22b. ADDRESS Lebanon, MO		22c. DATE SIGNED 9/6/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-4-1960	23c. NAME OF CEMETERY OR CREMATORY LEE SUMMIT	23d. LOCATION (City, town, or county) (State) LEE SUMMIT MO		
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD		ADDRESS ---	25. DATE RECD. BY LOCAL REG. 9-6-1960	26. REGISTRAR'S SIGNATURE Hella L. May	

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 *R. W. Bolen*

Licensed Embalmer No. 38
P. O. Address *Mt. Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.