

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 24 1960

264

-60-039189

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 5-2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elijah		Length of stay in 1b 2 years	c. CITY OR TOWN Elijah Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Home Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Faye Middle Pauline Last Wescott			4. DATE OF DEATH Month 10 Day 10 Year 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-26-1927	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and state or country) Maine	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Fletcher Thomas		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Delancey I. Wescott	
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. 004-24-7145	17. INFORMANT Address Delancey Wescott Elijah, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) collapse of lung		3 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Rupture of Emphysematous bulla	3 min
	DUE TO (c) Chronic Asthma	30 yrs.
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 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 _____ am. _____ 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 10-10-60 to _____ and last saw ^{her} ~~him~~ alive on never.
Death occurred at 5:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arthur L. Beard (Degree or title)	22b. ADDRESS Gainesville, Mo.	22c. DATE SIGNED 10-20-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-12-1960	23c. NAME OF CEMETERY OR CREMATORY Clear Springs
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Gainesville, Mo		23d. LOCATION (City, town, or county) (State) Ozark Co. Mo.
25. DATE RECD. BY LOCAL REG. 10-21-60		26. REGISTRAR'S SIGNATURE Thana Mahan

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS OCT 26 1967

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

J. M. R. Urey

Licensed Embalmer No. 488

P. O. Address Gaines

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