

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 27 1960

-60-046662
STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 24

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| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township | | Length of stay in lb 4 years | c. CITY OR TOWN Warrensburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S-115, Whiteman AFB, Mo | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 303 North Maguire Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Harry Middle Calvin Last Westlake | 4. DATE OF DEATH Month December Day 19 Year 1960 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1 Oct 30 | 9. AGE (last birthday) 30 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Military | 10b. KIND OF BUSINESS OR INDUSTRY USAF | 11. BIRTHPLACE (City and state or country) Grove City, Pa | 12. CITIZEN OF WHAT COUNTRY U.S. |
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| 13a. FATHER'S NAME Clarence C Westlake | 13b. MOTHER'S MAIDEN NAME Hazel J Hoovler | 14. NAME OF HUSBAND OR WIFE Gertrude Westlake |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Present | 16. SOCIAL SECURITY NO. 188-52-5536 | 17. INFORMANT James R Westlake Address 340th Trans Sq Whiteman AFB, Missouri |
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| 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) Respiratory Arrest | | Immediate |
| DUE TO (b) Traumatic convulsion of cerebral tissues and hemorrhage | | Immediate |
| DUE TO (c) Gunshot wound of head | | Immediate |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Victim shot himself with a shotgun |
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| 20c. TIME OF INJURY Hour Unknown Month, Day, Year Dec 19, 60 |
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| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Warrensburg | COUNTY Warrensburg | STATE Mo |
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| 21. I observed viewed the deceased person at 7:55 a.m. or not observed Death occurred at 7:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Robert G Schneider ROBERT G SCHNEIDER | 22b. ADDRESS USAF Hospital Whiteman AFB, Missouri | 22c. DATE SIGNED 19Dec60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12-21-1960 | 23c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery | 23d. LOCATION (City, town, or county) (State) Grove City Pennsylvania, |
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| 24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Mo. | 25. DATE RECD. BY LOCAL REG. 12/21/60 | 26. REGISTRAR'S SIGNATURE Carma L. Beatty |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

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 *W. B. Bauman*

Licensed Embalmer No. 3372

P. O. Address Warrens

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