

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033554
STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 164

FILED SEP 25 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Livingston		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		a. STATE Missouri b. COUNTY Carroll		c. CITY OR TOWN Hale	
Length of stay in lb 5 years		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"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Rest Home				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First EDWARD		Middle B.		Last WESCOTT		Month Day Year Sept. 12th, 1961.	
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 5/21/1876	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Hale, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William P. Wescott,			13b. MOTHER'S MAIDEN NAME Catherine Wry			14. NAME OF HUSBAND OR WIFE Lena F. (Hardin) Wescott.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Address Mrs Mary Bartlett, Pleasant Hill, Ill			
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 3 days
IMMEDIATE CAUSE (a) Lobar (right lower lobe) Pneumonia							
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) Carcinoma nose					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 1960 to Sept 12-61 and last saw him alive on Sept 11-61 Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph F. Gale M.D.				22b. ADDRESS Chillicothe Mo.		22c. DATE SIGNED 9-14-61	
22d. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/14, 1961.	23c. NAME OF CEMETERY OR CREMATORY Lakeside Cemetery		23d. LOCATION (City, town, or county) (State) Sumner, Missouri.		
24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin F-H Hale, Mo.			25. DATE RECD. BY LOCAL REG. Sep 14, 1961		26. REGISTRAR'S SIGNATURE Annalee Taylor		

DATE AMENDED

INSTEAD OF RECORD FILE AS FOLLOWS

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyford W Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.