MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020069
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 30

FILED MAY 18 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0930
2	0430
3	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osceola — Length of stay in 1b: 15 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 15 hours Osceola Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Hickory
c. CITY OR TOWN: Wheatland Township — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 mi East of Wheatland — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Anvil — Middle: Sidney — Last: Westerman
4. DATE OF DEATH: Month: April — Day: 26 — Year: 62
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: 12-21-85
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months 4 Days 3 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Raymondville, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wm. Westerman
13b. MOTHER'S MAIDEN NAME: Julia Nettles
14. NAME OF HUSBAND OR WIFE: Alice Westerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of serv[illegible]): None
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT: Alice Westerman — Address: Hermitage, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — year
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 4-25-62, to 4-26-62 and last saw her/him alive on 4-26-62
Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley D. Kerr MD
22b. ADDRESS: Osceola Mo.
22c. DATE SIGNED: 30 April 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-28-62
23c. NAME OF CEMETERY OR CREMATORY: Hermitage Cemetery
23d. LOCATION (City, town, or county) (State): Hermitage, Mo

24. FUNERAL DIRECTOR — ADDRESS: Elbert Rathaway — Wheatland, Mo.
25. DATE RECD. BY LOCAL REG.: May 5-62
26. REGISTRAR'S SIGNATURE: Ruth Sievers

(Licensed Embalmer's Statement on Reverse Side)

US MAY 18 1962

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 Oscar Gilbert Galloway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Mo.

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.