MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023778

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 48

FILED JUN 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in lb 16 Yr/
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 706 S. 23rd. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 706 S. 23rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ERICK Middle AUGUST Last WESTLING

4. DATE OF DEATH Month June Day 3 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Janaury 4, 1864

9. AGE (last birthday) 98 — IF UNDER 1 YEAR Months Days — 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) Sweden

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Carl Erick Westling

13b. MOTHER'S MAIDEN NAME Anna Cristine

14. NAME OF HUSBAND OR WIFE Emma Carlson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Ben Hensevelt Address Lex., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility
INTERVAL BETWEEN ONSET AND DEATH Four days

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

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 after death to 6/3/62 and last saw her/him alive on never
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 [signature] (Degree or title) M.D. Coroner

22b. ADDRESS Odessa, Mo.

22c. DATE SIGNED 6-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 6/4/62

23c. NAME OF CEMETERY OR CREMATORY Washburn Cemetery

23d. LOCATION (City, town, or county) (State) Washburn Wis.

24. FUNERAL DIRECTOR ADDRESS Vaughn-Walker Lexington, Mo.

25. DATE RECD. BY LOCAL REG. 6-4-62

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed W. R. Vaughn

Signature of Student Embalmer

Licensed Embalmer No. 2023

P. O. Address Lexington, 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.