MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039055 STATE FILE NUMBER

042 Registration District No. 1000 Primary Registration District No. 1246 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 5117
2 00201
3
4 0
5 1
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9 331x
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12 3-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED OCT 30 1963

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: RFD # 2, Savannah
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 mile Southwest
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ernest Middle: Last: Westcott

4. DATE OF DEATH: Month, Day, Year: October 22, 1963

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-7-80

9. AGE (last birthday): 83
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): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (City and state or country): Andrew County, Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Henry Westcott

13b. MOTHER'S MAIDEN NAME: Elizabeth Hoshor

14. NAME OF HUSBAND OR WIFE: Mabel Westcott

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

16. SOCIAL SECURITY NO.

17. INFORMANT: Address: Mrs. Doris Tipton, Savannah, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral-vascular accident
INTERVAL BETWEEN ONSET AND DEATH: 18 hours
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)

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 8-18-54 to 10-22-63 and last saw him alive on 10-21-63
Death occurred at 2:57 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION

22a. SIGNATURE (Degree or title): W.C. Baker M.D.

22b. ADDRESS: Savannah, Missouri

22c. DATE SIGNED: 10-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 10-22-63

23c. NAME OF CEMETERY OR CREMATORY: Fillmore Cemetery

23d. LOCATION (City, town, or county) (State): Fillmore, Missouri

24. FUNERAL DIRECTOR: .BREIT & HAWKINS ADDRESS: SAVANNAH

25. DATE RECD. BY LOCAL REG.: Oct. 29, 1963

26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 10-22-63

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.