

FILED DEC 30 1950

STANDARD CERTIFICATE OF DEATH

41179

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Prairie</u> c. LENGTH OF STAY (In this place) <u>5 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0483</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. N.W. Lee's Summit,</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. N.W. Lee's Summit</u>	

3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Westerfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 16, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 25, 1894</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman</u>	11. BIRTHPLACE (State or foreign country) <u>Camden County, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Yard</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>I. W. Westerfield</u>	13b. MOTHER'S MAIDEN NAME <u>Alice West</u>	14. NAME OF HUSBAND OR WIFE <u>Iva Westerfield</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>486-09-5001</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Iva Westerfield</u> ADDRESS <u>RR#3 Lee's Summit, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		19.91
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Cervix Uteri</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-2, 1950, to 12-15, 1950, that I last saw the deceased alive on 12-15, 1950, and that death occurred at 12:25 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>G. R. Jenkins</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Lee's Summit Mo</u>	23c. DATE SIGNED <u>12-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12/16/50</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Langford</u> ADDRESS <u>Lee's Summit, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 2 REC'D

JUL 15 1967

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W. Langford*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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 this body is not embalmed, fact should be so stated above.