

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6388

State File No.

FILED FEB 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 757

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) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>40 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>400 S VAN BRUNT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 S. VAN BRUNT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2-1953</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AXIL</u> b. (Middle) <u>—</u> c. (Last) <u>WESTMAN</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>DEC. 10-1897</u>	
9. AGE (in years; last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>P.R. POSTAL CLERK</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>SWEDEN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John WESTMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MATHILDA HOLT</u>	
14. NAME OF HUSBAND OR WIFE <u>RETTA WESTMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>AXIL WESTMAN JR.</u> ADDRESS <u>5100 K.C. NO. 116 RIVINGTON</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Left bundle branch heart block</u> 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 <u>4330</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <u>Aug 7, 1902</u> to <u>Feb 2, 1953</u> , that I last saw the deceased alive on <u>Feb 2, 1953</u> , and that death occurred at <u>8:42 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>C.W. ROSE</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1039 E. Howard Kansas City, Mo.</u>	
23c. DATE SIGNED <u>Feb 4 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB. 5-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		DATE REC'D BY LOCAL REG. <u>2-4-53</u> REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman & Son Inc.</u>		ADDRESS <u>H.C. Mo.</u>	

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

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
Student Embalmer

Signed W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address W. C. Rinne

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.