

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35111**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **390** PRIMARY REG. DIST. NO. **4442** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Higbee Mo</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Higbee Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		<b>880</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Hester</b> c. (Last) <b>Westfall</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 7 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 24 1890</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>Albert Reeves</b>	13b. MOTHER'S MAIDEN NAME <b>Dont Know</b>	14. NAME OF HUSBAND OR WIFE <b>Lewis Westfall (Dec)</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Everett Westfall Higbee Mo</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma highly undifferentiated malignant of peritoneal cavity primary site not ascertained</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>158X</b>			

19a. DATE OF OPERATION <b>Oct 5 56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Artery and entire upper abdomen removed, small bowel removed, lymph nodes OK</b>		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) m.	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 **Sept 26, 1956** to **Nov 7, 1956**, that I last saw the deceased alive on **Nov 5, 1956**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clarence Castro M.D.</b>	23b. ADDRESS <b>Waverly Mo</b>	23c. DATE SIGNED <b>Nov 56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 11 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>
24d. LOCATION (City, town, or county) <b>Higbee Mo</b>		(State)

DATE REC'D BY LOCAL REG. <b>Nov-12-56</b>	REGISTRAR'S SIGNATURE <b>JOE W. BURTON</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Burton Funeral Home. Higbee Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

520

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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: *W. H. Richmond*.....

Licensed Embalmer No. *397*.....

P. O. Address: *Glasgow*.....

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.