FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1146

1. PLACE OF DEATH

a. COUNTY: JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): V.A. HOSPITAL — Length of stay in Ib: 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: MISSOURI b. COUNTY: LAFAYETTE

c. CITY OR TOWN: ODESSA 0540 — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): Rt 3 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: FRED Middle: G. Last: WESTMORELAND

4. DATE OF DEATH Month: 3rd Day: 9th Year: 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 3-20-88

9. AGE (In years last birthday): 68 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: Agricultural

11. BIRTHPLACE (City and state or country): LEEDS, MO

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Jasper G. Westmoreland

14. MOTHER'S MAIDEN NAME: Lillian Rice

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

16. SOCIAL SECURITY NO.: 494233988

17. INFORMANT Address: V.A. Hospital Records, K.C., 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): Ruptured-aneurysm of the abdominal aorta

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerosis of the aorta

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 45 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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

VA

21. I attended the deceased from February 27, 1957, to March 9, 1957 and last saw him alive on

Death occurred at 12:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Guido Podrecca, M.D. GUIDO PODRECCA, M.D.

22b. ADDRESS: VA Hospital, Kansas City, Mo

22c. DATE SIGNED: 3-9-57

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

23b. DATE: MARCH 12, 1957

23c. NAME OF CEMETERY OR CREMATORY: WOODLAWN CEMETERY

23d. LOCATION (City, town, or county) (State): INDEPENDENCE MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D.W. NEWCOMER'S SONS, KANSAS City, Mo.

25. DATE RECD. BY LOCAL REG.: 3-11-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Pollie Kessel

Licensed Embalmer No. 46

P. O. Address K.C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.