Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044517
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6013

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3634 Prospect — Length of stay in Ib 52 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3634 Prospect — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First SAMUEL Middle FRED Last WESTENDICK

4. DATE OF DEATH Month Dec. Day 18th, Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct.8th,1881
9. AGE (In years last birthday) 77 — 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) Retired-Painter &
10b. KIND OF BUSINESS OR INDUSTRY Decorator
11. BIRTHPLACE (City and state or country) Franklin County,Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Henry Westendick
13b. MOTHER'S MAIDEN NAME Johanna Schmiedeskamp
14. NAME OF HUSBAND OR WIFE Anna R. Westendick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 494-14-6555
17. INFORMANT Mrs. Anna R. Westendick, Address 3634 Prospect

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) Myocarditis Chr. — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Age
DUE TO (c) Hemiplegia Left. June 1957 — 4 yrs.
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 X

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 June 1957, to December 1958 and last saw her/him alive on December 18, 1958
Death occurred at December 18 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George V. Feist (Degree or title) M.D.
22b. ADDRESS 702 Professional Bldg
22c. DATE SIGNED 12-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 22,1958
23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery
23d. LOCATION (City, town, or county) Jackson County, (State) Missouri

24. FUNERAL DIRECTOR FREEMAN MORTUARY, ADDRESS Kansas City,Mo.
25. DATE RECD. BY LOCAL REG. 12-19-58
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. No symptoms will be listed.

George V. Feist

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 Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.