

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005963

STATE FILE NUMBER

447

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital		Length of stay in lb 1920	d. STREET ADDRESS (If outside, give location) 4128 Genesee Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Walter Middle W. Last Westfall			4. DATE OF DEATH Month Jan Day 23 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 21, 1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Printer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Waynetown Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Westfall	13b. MOTHER'S MAIDEN NAME Elizabeth D. Bratton	14. NAME OF HUSBAND OR WIFE Jessie K. Westfall
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 489-16-9506	17. INFORMANT Address Mrs. Mary Aldrich 4128 Genesee
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforated duodenal ulcer Chronic treatment Hypertrophic pyloric		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary arteries closed: Cerebral Thromboses		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Mo.	STATE
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21. I attended the deceased from 1-8-59 to 1-23-59 and last saw ^{her} alive on 1-22-59 Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE Waldo S. Holt (Name or title)	22b. ADDRESS 4620 Nichols Parkway	22c. DATE SIGNED 1/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/24/59	23c. NAME OF CEMETERY OR CREMATORY Mt Moriah	23d. LOCATION (City, town, or county) Kansas City	(State) Mo.
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 1-23-59	26. REGISTRAR'S SIGNATURE Waldo S. Holt
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Waldo S. Holt

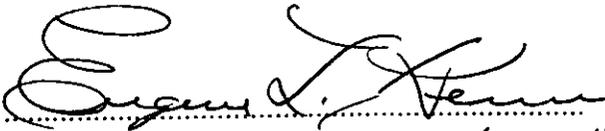
300
1-57

No. 1-6188
Mississauga, Ont. 3,50

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 

Licensed Embalmer No. 4633
P. O. Address Kansas City

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.