

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1502

FILED JAN 21 1949

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 7

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>27th & Overton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>27th & Overton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Paul</u> c. (Last) <u>PETER Westphal</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13, 1949</u>
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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>April 2, 1899</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired P.O. Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>	11. BIRTHPLACE (State or foreign country) <u>Davenport, Iowa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Max Westphal</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Hemming</u>	14. NAME OF HUSBAND OR WIFE <u>Orpha Westphal</u>
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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) <u>Yes No. 1</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Orpha Westphal</u>	ADDRESS <u>27 & Overton</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Speedy 18 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric ulcer & Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>		
11. OTHER SIGNIFICANT CONDITIONS <u>Gastric Scirrhus of the Liver</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Had a subtotal gastrectomy at Reserach Hosp 2 1/2 months ago for gastric ulcer. Had Scirrhus of Liver</u>	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Jackson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 8, 1948, to Jan 3, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Albert M.D.</u> (Degree or title)	23b. ADDRESS <u>First National Bank, Indep Mo.</u>	23c. DATE SIGNED <u>Jan. 14, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-14-49</u>	REGISTRAR'S SIGNATURE <u>John H. ...</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dillon T. ...</u>	ADDRESS <u>Indep. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Corrected by Off. of Reg. 11-3-61

APR 7 1949

JAN 28 1949

FEB 8 1949

NOV 3 1961

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 _____

Clarence C. Leuker Jr.

Student Embalmer No. 280

working under my personal supervision.

Student

Clarence C. Leuker Jr.
Student Embalmer

Signed

Dixon L. Keady

Licensed Embalmer No. 4225

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

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

State of Missouri }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 1st day of November, 19 61, before me appears Orpha Westphal, who, upon her oath, states that the original record of birth ~~death~~ for Herman Peter Westphal ~~born~~ died January 13th, 19 49, in the State of Missouri, and which was filed at Jefferson City, Missouri on Jan. 21, 19 49, should be corrected as follows:

Item No. 3 should read Herman Peter Westphal
Instead of Herman Paul Westphal

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Orpha Westphal Relationship.
2623 S. Overton
Present Address.

Subscribed and sworn to before me this 1st day of November, 19 61
November 14, 1964
My Commission expires November 14, 1964
Mary R. Carter Notary Public.

name is changed by court order or by adoption or legitimation procedures.

