No. 300
10.48

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38153

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 4393 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Westphalia Mo
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Washington Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Westphalia, Mo.
d. STREET ADDRESS (If rural, give location): Washington Township

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): Westerman
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 2 1872
9. AGE (In years last birthday): 76 — If under 1 year: Months 11, Days 5 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Westphalia, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Stephan ~~Westerman~~
13b. MOTHER'S MAIDEN NAME: Angela Hickemeyer
14. NAME OF HUSBAND OR WIFE: Henry Westermann
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:

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma bladder — INTERVAL BETWEEN ONSET AND DEATH: 24 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr glomerular nephritis
DUE TO (c) Hypertensive cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
181X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1949, *to* Nov 7, 1949, *that I last saw the deceased alive on* Nov 7, 1949, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon O Taylor (Degree or title) MD
23b. ADDRESS: Jefferson City
23c. DATE SIGNED: Nov 8 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 10, 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph
24d. LOCATION (City, town, or county) (State): Westphalia Mo.

DATE REC'D BY LOCAL REG.: Nov. 10. 1949
REGISTRAR'S SIGNATURE: Mrs. K. H. Moore
238
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Dulle
ADDRESS: J.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Corrected by Affidavit of Funeral Director 4-2-62 Marriage record of son as document

RECEIVED NOV 15 1949
District Health Officer No. 9,
District File Number

MAY 10 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Sylvester Quelle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo

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

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

State of Missouri } ss.
County of Cole

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

38153--49
State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 30th day of March, 1962, before me appears Sylvester Duelle, who, upon his oath, states that the original record of ~~birth~~ death for Anna Westerman ~~born~~ died 11/7/, 1949, in the State of Missouri, and which was filed at Jefferson City, Missouri on 11/17/, 1949, should be corrected as follows:

Item No. 13a should read STEPHAN WINKLEMAN

Instead of Stephan Westerman

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Marriage record of son used as document

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

(SEAL)

Affiant Duelle Funeral Home By Sylvester Duelle

Relationship.

601 E. High Jefferson City Mo.

Present Address.

Subscribed and sworn to before me this 30th day of March, 1962

My Commission expires Nov 27, 1962

Charles J. Toeb
Notary Public.