

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33845

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 6575 Registrar's No. 35

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>Martin City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martin City, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home Martin City Mo</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morgan</u> b. (Middle) <u>H</u> c. (Last) <u>Westpfahl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 10 1950</u>
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 17 1916</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Concrete</u>	11. BIRTHPLACE (State or foreign country) <u>Valley Falls Kansas</u>
13a. FATHER'S NAME <u>Ernest Carl Westpfahl</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Holloway</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude H Westpfahl</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude H Westpfahl</u> ADDRESS <u>Martin City Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157A</u>	
19a. DATE OF OPERATION <u>2-4-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>carcinoma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>50</u> , to <u>Oct</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-10-</u> , 19 <u>50</u> , and that death occurred at <u>2:50 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ada B. Pader</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Martin City Mo</u>	23c. DATE SIGNED <u>10-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>
DATE/REC'D BY LOCAL REG. <u>10/11/50</u>	REGISTRAR'S SIGNATURE <u>Dr. Anna S. Hedges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Warnall</u> ADDRESS <u>Funeral Home</u>	

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

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Russell A. Lance*

Licensed Embalmer No. *4255*

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