

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1951

State File No. 40677  
5246

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN FAIRWAY 9150	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 5401 FAIRMOUTH ROAD	
3. NAME OF DECEASED (Type or Print) a. (First) WILL b. (Middle) WESTERFIELD c. (Last) EDEN		4. DATE OF DEATH (Month) (Day) (Year) DEC-11-1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV-23-1892
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		9b. KIND OF BUSINESS OR INDUSTRY F.W. WOODWORTH INDUSTRY KANSAS CITY, MO.	9. AGE (In years last birthday) 68
10a. FATHER'S NAME FINLEY		10b. MOTHER'S MAIDEN NAME JOSEPHINE SMIPER	11. BIRTHPLACE (State or foreign country) SULLIVAN, ILLINOIS
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12. SOCIAL SECURITY NO. 486-03-8886	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. 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.		14. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. BLANCHE E. EDEN 5401 FAIRMOUTH ROAD KANSAS CITY, KANSAS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism (massive) 30 minute		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Phlebotrombosis - leg.		DUE TO (c) Acute Hypothyroidism (Myxedema) 4 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Coronary Thrombosis 1942			
15. DATE OF OPERATION	16. MAJOR FINDINGS OF OPERATION none	17. 4037	18. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. ACCIDENT SUICIDE HOMICIDE (Specify)	19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
20a. TIME OF INJURY (Month) (Day) (Year) (Hour)	20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20c. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from July 8, 1942, to DEC 11, 1950, that I last saw the deceased alive on DEC 11, 1950, and that death occurred at 1:00 P.M., from the causes and on the date stated above.			
22a. SIGNATURE Carl R. FORT (Type or Print)	22b. ADDRESS 934 Apple Bldg. Kansas City, Missouri	22c. DATE SIGNED DEC 13, 1950	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC-13-1950	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) SULLIVAN, ILLINOIS
24a. DATE REC'D BY LOCAL REG. 12-13-50	24b. REGISTRAR'S SIGNATURE Geraldine Holmes	24c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dr. W. Newcomer's Sons 1331 BRUSH CREEK Blvd. KANSAS CITY, MO.	

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

DEC 21 1933

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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.

Student Embalmer No. ....

Signed

*Jess T. Deewe*

Signed.....  
Student Embalmer

Licensed Embalmer No. 446-3

P. O. Address Harmon 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 this body is not embalmed, fact should be so stated above.