

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20506**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568** Registrar's No. **212**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3078	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 402 S. Van Brunt 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 Highway & Brookside			

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) H c. (Last) Westman			4. DATE OF DEATH (Month) (Day) (Year) May 27, 1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 16, 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales clerk		10b. KIND OF BUSINESS OR INDUSTRY Emery Bird Thayer		11. BIRTHPLACE (State or foreign country) U. Liberal, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Robert F. Holland		13b. MOTHER'S MAIDEN NAME Electa Bungarner		14. NAME OF HUSBAND OR WIFE Gus A. Westman (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496 32 5373		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bella Parrish Kansas City, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MI & Hemorrhage resulting from fractured aortic aneurysm		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES from fractured aortic aneurysm, morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) open fracture of left leg & crushing injuries of chest		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MI	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, street, school, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:27-51 11:05 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR hit by car

22. I hereby certify that I attended the deceased from **19** to **19**, that I last saw the deceased alive on **11:05 a.m.**, and that death occurred at **11:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. Deady	23b. ADDRESS 4050 Broadway N.C. 2nd	23c. DATE SIGNED 5-28-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Washington Cem.
24d. LOCATION (City, town, or county) (State) Kansas City 3, Mo.		

DATE REC'D BY LOCAL REG. May 30-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Independence, Mo.
---	--	---

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

480
3

JUN 18 RECD

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
2 Student Embalmer

Signed.....

Carl E. Brown

Licensed Embalmer No.

4794

P. O. Address.....

Independence

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.