

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015007  
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 115

Health,  
Welfare  
Public  
Service

300  
1-57

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Hannibal</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Hannibal</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Residence 217 North</u>   |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><u>217 North</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><u>LELA VIVIAN WESTFALL</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>April 10, 1958</u>   |  |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>November 18, 1892</u>  |  | 9. AGE (In years last birthday)<br><u>65</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Perry Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U S A</u>  |
| 13a. FATHER'S NAME<br><u>William Wright</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Olive Smith</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Edward T. Westfall</u>       |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.<br><u>491 14 1977</u>   | 17. INFORMANT<br>Address<br><u>Mr. Edward T. Westfall Hannibal Missouri</u>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary sclerosis</u><br>DUE TO (c) <u>4201</u> |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>few minutes</u><br><u>unknown</u>              |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on <u>4/11/58</u><br>Death occurred at <u>about 12 noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>Henry H Sweet &amp; M D Coroner</u>  |                                  |   | 22b. ADDRESS<br><u>Hannibal Mo</u>  |  | 22c. DATE SIGNED<br><u>4/11/58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>4/13/58</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Lick Creek Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Perry Missouri</u>                |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>W. Crawford Smith, Hannibal Missouri</u>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><u>4/11/58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>W. Em Luke By H. C. Fisher</u> |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED APR 18 1958  
MARION CO. HEALTH DEPT.  
DATE FILED APR 18 1958

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 .....  
Signature of Student Embalmer

Signed *John S. Hand* .....

Licensed Embalmer No. 4540 .....  
P. O. Address... Hannibal, Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.