

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035954

STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Kennett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL Presnell Hospital		d. STREET (If outside, give location) ADDRESS 207 North Everett	
3. NAME OF DECEASED (Type or print) First Middle Last Sarah Ann Westfall		4. DATE OF DEATH Month Day Year Nov. 5th 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 1st - 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) Kennett Mo.
13a. FATHER'S NAME William Baker		14. NAME OF HUSBAND OR WIFE George Westfall - Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. XX		16. SOCIAL SECURITY NO. None	
17. INFORMANT Carl Westfall		Address Kennett Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>uremia</u> DUE TO (b) <u>Cydonephritis, Chronic</u> DUE TO (c) <u>6000</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Cardio-vascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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 Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1955</u> to <u>11-5-58</u> and last saw her alive on <u>11-5-58</u> . Death occurred at <u>9.30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS Kennett Mo.	
22a. SIGNATURE (Degree or title) <u>James D. Fezzell M.D.</u>		22c. DATE SIGNED <u>11-8-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <u>11-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	23d. LOCATION (City, town, or county) Kennett (State)
24. FUNERAL DIRECTOR Lentz Service		25. DATE RECD. BY LOCAL REG. <u>11-8-1958</u>	
ADDRESS Kennett Mo.		26. REGISTRAR'S SIGNATURE <u>Carl Westfall</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address Kennett 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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