MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3925 61-029719 STATE FILE NUMBER

FILED AUG 25 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 5 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1310 ARMOUR BLVD. ELMS NURSING HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9804 BELLEVIEW AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARTHA Middle ABIGAIL Last WESTING
4. DATE OF DEATH: Month AUGUST Day 6th Year 1961
5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-22-83
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (City and state or country): SALEM MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: E. LINTON. DYE
13b. MOTHER'S MAIDEN NAME: ARY. B. SPRAGUE
14. NAME OF HUSBAND OR WIFE: EARL.HENRY.WESTING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mrs ARTHUR.S.HARING Address: 9804 BELLEVIEW KANSAS CITY 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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Cerebral arteriosclerosis — 5 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1959, to 8-6-61 and last saw her alive on 8-6-61
Death occurred at 9.00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D W Robinson MD
22b. ADDRESS: 4635 Wyandotte
22c. DATE SIGNED: 8-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 8-7-61.
23c. NAME OF CEMETERY OR CREMATORY: CEDAR GROVE CEMETERY
23d. LOCATION (City, town, or county): SALEM (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS: 1331 Brush Creek Blvd. D.W.Newcomer's Sons Kansas City Mo
25. DATE RECD. BY LOCAL REG.: 8-7-61
26. REGISTRAR'S SIGNATURE: Ruth Long

MEDICAL CERTIFICATION: A. W. Robinson

(Licensed Embalmer's Statement on Reverse Side)

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 Erling M. Dungy

Licensed Embalmer No. 3566

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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