

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33117

State File No.

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

FILED OCT 17 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1105

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			d. STREET ADDRESS (If rural, give location) <u>2325 So. 3rd St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2325 So. 3rd St.</u>			d. STREET ADDRESS (If rural, give location) <u>2325 So. 3rd St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>			b. (Middle) <u>GREEN</u>		c. (Last) <u>WEST</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 10 1949</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-14-1875</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Term. R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Glennwood Junct., Mo.</u>		
13a. FATHER'S NAME <u>William West</u>		13b. MOTHER'S MAIDEN NAME <u>Lidia Ann ?</u>		14. NAME OF HUSBAND OR WIFE <u>Grace West</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace West, 2325 So. 3rd, City.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Mitral & Insufficiency</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4300</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Joseph Buchanan Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 4, 1949 to Oct 9, 1949, that I last saw the deceased alive on Oct 8, 1949, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fenton W. Lovins (M.D.)</u>		23b. ADDRESS <u>109 1/2 W. Mo. Ave</u>		23c. DATE SIGNED <u>Oct 10-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Cripp</u>		24f. ADDRESS <u>St Joseph Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 12, 1949</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>		382	

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 _____

Allan E. Bazar

Student Embalmer No. *342*

working under my personal supervision.

Student *Allan E. Bazar*
Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. *3986*

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