

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20474**
Registrar's No. **216**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

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 town) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence 0485	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 0 401 N. Pleasant	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 401 N. Pleasant			
3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) D c. (Last) West		4. DATE OF DEATH (Month) (Day) (Year) June 5, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1879
9. AGE (In years last birthday) 71		10. AGE (In years) IF UNDER 1 YEAR IF UNDER 18 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Stores	
11. BIRTHPLACE (State or foreign country) Hale, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ira R. West		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Daisey M. West (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490 09 1474	
17. INFORMANT'S SIGNATURE OR NAME Dr. L.W. Palm		ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2 hrs			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		42.01	
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) _____			
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 June 5, 1951 , to June 5, 1951 , that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE John P. Green (Degree or title) _____		23b. ADDRESS 129 W. Lexington Independence, Mo.	
23c. DATE SIGNED 6-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 7, 1951	
24c. NAME OF CEMETERY OR CREMATORY unknown		24d. LOCATION (City, town, or county) (State) Hale, Mo.	
DATE REC'D BY LOCAL REG. 7-7-51		REGISTRAR'S SIGNATURE 334	
25. FUNERAL DIRECTOR'S SIGNATURE Robberson		ADDRESS Independence, Mo.	

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

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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
Student Embalmer

Signed..... *Larlega E. Brown*

Licensed Embalmer No. *4794*

P. O. Address *Independence 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.