

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

37660

|  |                           |  |  |   |  |  |                       |  |  |
|--|---------------------------|--|--|---|--|--|-----------------------|--|--|
| BIRTH NO. _____  |                           | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>4714</u>  |                       |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                           |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>  |  |  |                       |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |                           | c. LENGTH OF STAY (in this place) <u>20 yrs.</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  | 3508<br>250  |                       |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital Medical Center</u>  |                           |  |  | d. STREET ADDRESS (If rural, give location) <u>3535 Harrison</u>  |  |  |                       |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>EVERETT</u> b. (Middle) <u>Earnest</u> c. (Last) <u>WEST</u>  |                           |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-2-51</u>   |   |  |  |                       |  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>                                   | 8. DATE OF BIRTH <u>June 27, 1884</u>  |   | 9. AGE (In years last birthday) <u>67</u>                                  | IF UNDER 1 YEAR Months   | IF UNDER 24 HRS. Days |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Auto Dealer</u>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>- owner</u>   | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>                                    |   | 12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>                                  |  |                       |  |  |
| 13a. FATHER'S NAME <u>John Alexander West</u>  |                           |  | 13b. MOTHER'S MAIDEN NAME <u>Susan Jackson</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>-</u>                                       |  |                       |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                           | 16. SOCIAL SECURITY NO. <u>none</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles Tramill, 7535 Brooklyn, KC Mo.</u> |   |  |  |                       |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                  |                           |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial INFARCTION</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>HYPERTENSION</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Atherosclerosis</u> |  |  |                       | INTERVAL BETWEEN ONSET AND DEATH<br><u>20 1/2 hours</u><br><u>2</u><br><u>4201</u> |  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)   |  |  |                       |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |                           | 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 <u>11-2-51, 10:51, 10:51</u> <u>11-2, 10:51</u> , that I last saw the deceased alive on <u>11-2, 10:51</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above. |                           |  |  |   |  |  |                       |  |  |
| 23a. SIGNATURE <u>David Waxman</u> (Degree or title) <u>M.D.</u>   |                           |  |  | 23b. ADDRESS <u>4802 Prospect</u>   |  | 23c. DATE SIGNED <u>11-3-51</u>  |                       |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                           | 24b. DATE <u>11/5/51</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |  |                       |  |  |
| DATE REC'D BY LOCAL REG. <u>11-5-51</u>  |                           | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Mo.</u>   |  |  |                       |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

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 \_\_\_\_\_

*Low Clark*

Licensed Embalmer No. \_\_\_\_\_

*4216*

P. O. Address \_\_\_\_\_

*A. B. No.*

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.