

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20733

State File No. \_\_\_\_\_

No. 300

10-48



JUL 5 1952

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002 Registrar's No. 2864

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>30 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2911 Forest</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Willows Hospital 2929 Main St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>		b. (Middle) <b>C.</b>	
c. (Last) <b>WEST</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Butcher Shop (Self)</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Harry Wright</b>		ADDRESS <b>Kansas City, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Frank Anemia</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sarcoma Spine &amp; Lungs</b> DUE TO (c) <b>Myocarditis - Primary carcinoma of prostate</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>90 days</b> <b>3 1/2 years</b> <b>2 year</b> <b>1977X</b>	
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 <b>March 19, 1949</b> , to <b>June 21, 1952</b> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <b>June 21, 1952</b> , and that death occurred at <b>7:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James J. Gritten</b> (Degree or title)		23b. ADDRESS <b>3119 Inwood St. Kansas City, Mo.</b>	23c. DATE SIGNED <b>June 22 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-23-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>6-23-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Bylar</b>		ADDRESS <b>Kansas City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. J. Crittenden We 7172  
3119 Frost

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. 448

working under my personal supervision.

Student Arthur E. Black  
Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.