

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **18322**  
**2714**

**FILED JUN 9 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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. LENGTH OF STAY (In this place) <b>31 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>3621 Monroe</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3621 Monroe</b>			d. STREET ADDRESS (If rural, give location) <b>3621 Monroe</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>AURILLA</b>		b. (Middle) <b>BELL</b>	c. (Last) <b>WEST</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 23 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12/4/1859</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Mins. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Millerstown, Ohio /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Benjamin Rogers</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Whipps</b>	14. NAME OF HUSBAND OR WIFE <b>George W. West</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Walter E. Cox, 3621 Monroe</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>a S Heart Disease</b> DUE TO (c) <b>Men. A S C</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>  <b>4200</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>			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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased <b>On May 23 1953</b> , to <b>5-23</b> , to <b>53</b> , that I last saw the deceased alive on <b>May 23 1953</b> and that death occurred at <b>9:00 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Leo M. Mullen</b>		(Degree or title) <b>Leo M. Mullen M.D.</b>	23b. ADDRESS <b>344 E. Indiana</b>		23c. DATE SIGNED <b>5-26-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/28/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5-27-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Mr. Leo Williams - 3548 Indiana  
Lic 5411

3-68-7 Mon. or Tues

Lic 5411

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

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.