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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5122

State File No. ....

FILED MAR 15 1954

842

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

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 township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 72 yrs  
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 7241 Main Street  
e. STREET ADDRESS (If rural, give location) 7241 Main Street 3918

3. NAME OF DECEASED a. (First) Edward b. (Middle) Clarence c. (Last) West Sr.  
4. DATE OF DEATH (Month) (Day) (Year) February 21, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH October 24, 1880 9. AGE (in years last birthday) 73 IF UNDER 1 YEAR Months 7 IF UNDER 1 HR. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) Allerton, Iowa  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Worthington West 13b. MOTHER'S MAIDEN NAME \_\_\_\_\_ Shumaker 14. NAME OF HUSBAND OR WIFE Pauline M. West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. 486-09-6448 17. INFORMANT'S SIGNATURE OR NAME Mr. Edward C. West Jr. ADDRESS 8156 Woodward Overland Park Kansas

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 7 days.

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic Coronary Thrombosis 7 days  
Hypertensive & Arteriosclerotic Heart disease. 12 Years.

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
1. Benign prostatic Hypertrophy 5 years.  
2. Chronic Congestive Heart Failure 1/2 Year

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION Failure 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Nov. 1953, to 21 Feb., 1954, that I last saw the deceased alive on 15 Feb., 1954, and that death occurred at 1:30 PM m., from the causes and on the date stated above.

23a. SIGNATURE Philip G. Kaul (Degree or title) MD 23b. ADDRESS 411 Nichols Road 23c. DATE SIGNED 21 Feb. 54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE FEB-23-1954 24c. NAME OF CEMETERY OR-CREMATORRY MEMORIAL PARK CEM. 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 2-23-54 REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE Dw. Newcomer ADDRESS 1331-BRAND BLDG. Kansas City Mo.

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

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.....  
Signature of Student Embalmer

Signed *Rollie Kessel*.....

Licensed Embalmer No. *46*.....

P. O. Address *K. C. K.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.