

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41298**
5644

FILED DEC 27 1954

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) life	d. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 8414 Tracy	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) WEST		4. DATE OF DEATH (Month) (Day) (Year) December 6, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/25/32
9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - STUDENT	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harold A. West	13b. MOTHER'S MAIDEN NAME Cleo Garrett	14. NAME OF HUSBAND OR WIFE Evelyn M. WEST	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 1951-1954	17. INFORMANT'S SIGNATURE AND ADDRESS MRS. EVELYN WEST - KANSAS CITY, MISSOURI	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Iremia, severe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X	
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) VA	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 Nov. 20, 1954 , to Dec. 6, 1954 , and that death occurred at 11:20 AM , from the causes and on the date stated above.			
23a. SIGNATURE William E. Burger, M.D. (Degree or title)		23b. ADDRESS VA Hospital, Kansas City, Mo	23c. DATE SIGNED 12/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY, KANSAS CITY, MISSOURI	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 12-8-54	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS N. J. Newsum, 331 B. Street, Kansas City, Missouri	

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

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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.....

John B. Lewis

Licensed Embalmer No. 487

P. O. Address KC MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.