

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36223**

FILED NOV 1 1957

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4751**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. 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"/>
c. LENGTH OF STAY (In this place) 3 DAYS		STREET ADDRESS (If rural, give location) 4323 Rainbow	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL			
3. NAME OF DECEASED a. (First) Fernando b. (Middle) DAVID c. (Last) WEST			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 11, 1957
5. SEX MALE	6. COLOR OR RACE CAUCASION	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov-2-1868
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY WESTERN R.R.	11. BIRTHPLACE (City and State or Foreign Country) LANCASTER KENTUCKY
12. COUNTRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN WEST	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MRS. LOTTIE WEST	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 708-10-2013	17. INFORMANT'S SIGNATURE OR NAME ARTHUR E. WEST ADDRESS 2440 W. 59th St. MISSION MO. 64245	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH minutes	
*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) congestive heart failure	
		DUE TO (c) Arteriosclerotic heart disease	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH 12 days	
Conditions contributing to the death but not related to the disease or condition causing death.		4200	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 January 5, 1953 , to October 11, 1957 , that I last saw the deceased alive on October 11, 1957 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Name and title) John B. Withrow M.D.		23b. ADDRESS 2730 S. Mall Kansas City, Mo.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT-14-1957	24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 10-14-57	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Dr. Newcomer's Sons ADDRESS 1331-BRUSH CREEK KANSAS CITY MO.	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
John B. Withrow

(61-3-0699)



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 *Wern Lawler*

Licensed Embalmer No. *4915*

P. O. Address *47 E 32nd St. N.C.*

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.