

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040274

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5333

S. 300
1-57

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		Length of stay in lb 36 YEARS	d. STREET ADDRESS (If outside, give location) 9615 MADISON AVE
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First LOUISE Middle WEST Last	4. DATE OF DEATH Month NOVEMBER Day 7 Year 1958
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 4. 1879	9. AGE (In years last birthday) 79	10. FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) ATHENS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JACQUES F. BEUCLER	13b. MOTHER'S MAIDEN NAME KATHERINE BEUCLER	14. NAME OF HUSBAND OR WIFE DR. WILLIAM W. WEST
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. KENNETH E. VAN SOY	Address KANSAS CITY, MO 9615 MADISON
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Brain and encysted alveolar</i>	INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Demerol used Anteroseptum</i>	4/19/50
DUE TO (c) <i>232x</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Had fracture of femur 9/25/50 - Reduced surgically and healed</i>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Accidental injury by fall on stairs (had come of death)</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 9/25/50 p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION 9615 Madison KE mo	COUNTY STATE
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21. I attended the deceased from Death occurred at <i>4/19/50</i> to <i>11/7/50</i> and last saw her alive on <i>11/7/50</i> <i>12:20 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	22b. ADDRESS <i>1010 Puy Bell KE 6 mo</i>	22c. DATE SIGNED <i>11/7/50</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 11-10-1958	26. REGISTRAR'S SIGNATURE Neva Minshall
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All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
G. G. Leitch



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 *C. D. Helton*

Licensed Embalmer No. *4421*

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