

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040997

FILED VS DEC 7 1960 27

Registration District No. 27 Primary Registration District No. 5092 Registrar's No. 143

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lone Oak</b>		Length of stay in 1b	c. CITY OR TOWN <b>Kansas City Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hiway #71 South Butler Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3232 Highland</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Everett</b> Last <b>West</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>2</b> Year <b>1960</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/4/1938</b>	9. AGE (last birthday) <b>22</b>	IF UNDER 1 YEAR Months <b>22</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>K C Police Dept</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>laborer</b>	11. BIRTHPLACE (City and state or country) <b>California</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Everett West</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth</b>	14. NAME OF HUSBAND OR WIFE <b>Beverly West</b>
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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) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>499 40 3920</b>	17. INFORMANT <b>Beverly West - 3232 Highland Kansas City Mo</b>
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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) <b>Spinal fracture</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Car accident.</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Multiple fractures facial bones</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <b>Car accident on bridge.</b>
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20c. TIME OF INJURY <b>6:30 p.m. - 12:30</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.) <b>Hiway 71 - 5 mi S. Butler</b>	20f. CITY, TOWN, OR LOCATION <b>Bates Mo.</b>
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21. I attended the deceased from <b>6:30 p</b> and last saw her/him alive on <b>6:30 p</b> Death occurred at <b>6:30 p</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Douglas C. Ronald</b>	22b. ADDRESS <b>Butler, Mo</b>	22c. DATE SIGNED <b>12-2-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/5/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Adrian Mo</b>
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24. FUNERAL DIRECTOR <b>Culver Underwood - Butler Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 3 - 1960</b>	26. REGISTRAR'S SIGNATURE <b>Kendall Murray</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 20 1960

DEC 9 1960

MAR 29 1967

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Anderson

Licensed Embalmer No. 358

P. O. Address Butler

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