

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REGISTRATION DISTRICT NO. 199 Primary Registration District No. 1002 Registrar's No. 6136

-62-043009

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lbs. 38 Yrs.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4607 Jefferson, K. C.
3. NAME OF DECEASED (Type or print) First Catherine Middle E. Last West			4. DATE OF DEATH Month Dec. Day 2 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) Dec. 1, 1897 65
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Harrison County, Mo.
13a. FATHER'S NAME J. W. Beauchamp		13b. MOTHER'S MAIDEN NAME Lotta Strait	14. NAME OF HUSBAND OR WIFE William Ezra West
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. -	17. INFORMANT Address Helen Parker, Bethany, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myopericardium with cardiac tamponade			INTERVAL BETWEEN ONSET AND DEATH 30 min.
DUE TO (b) Dissecting aneurysm ascending aorta Dissecting lower abdominal aorta Generalized Vas. Sclerosis			3 days 3 days 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1951 to 12-2-62 and last saw her alive on 12-1-62 Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. F. Steffen</i> (Degree or title) M.D.		22b. ADDRESS 1103 Grand Ave K.C. Mo	22c. DATE SIGNED 12-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	23b. DATE 12-4-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Mausoleum	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 12-4-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

USE BLACK INK OR TYPEWRITER RIBBON

RECORDED
INDEXED

AUG 16 1963

Dr. Graham W. Allen
1200 Prof. Bell
Tel 2-8180
2:30 - 4:30

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 Richard L. Powers

Licensed Embalmer No. 5190

P. O. Address K. E. Mo.

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.