

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 355

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2327 So. 15th St.		d. STREET ADDRESS (If rural, give location) 2327 So. 15th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Pleasant c. (Last) West	4. DATE OF DEATH (Month) (Day) (Year) January 10 1949
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5. SEX Male D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 26, 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 7	Hours 4	Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (State or foreign country) Liston, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John West	13b. MOTHER'S MAIDEN NAME Emily Satterwhite	14. NAME OF HUSBAND OR WIFE Ella Frances
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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'S SIGNATURE OR NAME Ella Frances West	ADDRESS St. Joseph, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis 1 yr. DUE TO (c) Chronic prostatitis 1 yr.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		5 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION L7	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 0
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22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Jan. 19, 1949, that I last saw the deceased alive on Jan 9, 1949 and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. J. [Signature]	(Degree or title)	23b. ADDRESS 411 Kirkpatrick St. St. Joseph, Mo.	23c. DATE SIGNED 1/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/12/49	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. 1-14-49	REGISTRAR'S SIGNATURE G. B. Jenkins	382	FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

7-2-1954

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.

Signed Jameal B. Hawkins

Signed _____

Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Lynch, N

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 this body is not embalmed, fact should be so stated above.