

No. 300
10.48

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23815

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON MO	
b. CITY (If outside corporate limits, write RURAL and give town OR RURAL. SAN SOUTHWEST TOWN LONE JACK-VAN BUREN)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 21 YEARS		d. STREET ADDRESS (If rural, give location) 3508 MICHIGAN AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION LONE PINE RANCH ROBERT M. CHAMBERS SR. FARM			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) LOUISE	c. (Last) WEST	4. DATE OF DEATH (Month) (Day) (Year) JULY-10-1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? DIVORCED	8. DATE OF BIRTH MARCH-16-1910	9. AGE (In years last birthday) 39 YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER	10b. KIND OF BUSINESS, OR INDUSTRY BORDIES NAT. SHOPRY	11. BIRTHPLACE (State or foreign country) 312 TROOST AVE. N.C. MO. GIBSON COUNTY, INDIANA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J.D. GARTEN	13b. MOTHER'S MAIDEN NAME ADA WILLIAMS	14. NAME OF HUSBAND OR WIFE NEIL WEST
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-07-5196	17. INFORMANT'S SIGNATURE AND ADDRESS J.D. GARTEN 3508 MICHIGAN AVENUE KANSAS CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death due to drowning		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		58514 42	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Deputy Coroner	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:10 49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Boat turned over
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE W.E. Upsher	(Degree or title) MDL	23b. ADDRESS 2800 Main	23c. DATE SIGNED 7/11/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 13-1949	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. JULY 13, 1949	REGISTRAR'S SIGNATURE Donald C. Emsbauer	378	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 27 RECD

FEB 21 1950

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
Student Embalmer

Signed

Robert Ray

Licensed Embalmer No.

4182

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