

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41351

State File No.

5335

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (In this place) <u>6 1/2 Hrs</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	d. STREET ADDRESS (If rural, give location) <u>1320 Iowa</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Christine</u>	b. (Middle) <u>Loarime</u>	c. (Last) <u>West</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 14 - 49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV. 3, 1934</u>	9. AGE (In years last birthday) <u>15 YEARS</u>	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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Andrew West</u>	13b. MOTHER'S MAIDEN NAME <u>Sadie Gave Hood</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sadie West</u>	ADDRESS <u>Joplin, Mo 1320 Iowa</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH.
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 14, 1949, to Dec 14, 1949, that I last saw the deceased alive on Dec 14, 1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Gilkey</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1634 P. West Bldg</u>	23c. DATE SIGNED <u>12-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-15-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>	ADDRESS <u>Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Albert L. Savage

Student Embalmer No. *360*

working under my personal supervision.

Student *Albert L. Savage*

Student Embalmer *360*

Signed

John E. Fra king

Licensed Embalmer No. *4483*

P. O. Address

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