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

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37312

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4843

1. PLACE OF DEATH

a. COUNTY: JACKSON

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY

c. LENGTH OF STAY (in this place): 2 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OSTAPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: La Fayette

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEXINGTON 0540 1

d. STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) CLARENCE c. (Last) WEST

4. DATE OF DEATH (Month) NOV (Day) 16 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8-12-1918

9. AGE (In years last birthday): 32 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEEL WORKER

10b. KIND OF BUSINESS OR INDUSTRY: SHEFFIELD STEEL

11. BIRTHPLACE (State or foreign country): LEXINGTON MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JAMES WEST

13b. MOTHER'S MAIDEN NAME: ROWENA MORRIS

14. NAME OF HUSBAND OR WIFE: DOROTHY WEST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 495-07-2611

17. INFORMANT'S SIGNATURE OR NAME: Dorothy West ADDRESS: Lexington Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Toxic Nephritis — 3 days

DUE TO (c) Acute Myocardial Degeneration — 3 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14, 1950, *to* 11-16, 1950, *that I last saw the deceased alive on* 11-16, 1950 *and that death occurred at* 11:43 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. W. Thompson (Degree or title) DO

23b. ADDRESS: 2300 E 27th K.C. Mo

23c. DATE SIGNED: 11-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov-19-50

24c. NAME OF CEMETERY OR CREMATORY: Woodsdale

24d. LOCATION (City, town, or county) (State): Lexington Mo

DATE REC'D BY LOCAL REG.: 11-17-50

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: John R. Shirk ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 8625

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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