

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3911
Registrar's No. 258

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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) unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 South 11th St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
		d. STREET ADDRESS (If rural, give location) 202 South 11th Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle)	c. (Last) West	4. DATE OF DEATH (Month) (Day) (Year)	March 2 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 8, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Worth County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Henson	13b. MOTHER'S MAIDEN NAME Mary Ann Williams	14. NAME OF HUSBAND OR WIFE Wm. E. West
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Dean Harding	ADDRESS Los Angeles Calif.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) Woman apparently died in her sleep while alone in her home.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		33 1/2 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 ^{viewed} ~~attended~~ the deceased from 04 3/2, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 3/2/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/6/51	24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	24d. LOCATION (City, town, or county) (State) Grant City Missouri
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DATE REC'D BY LOCAL REG. March 9, 1951	REGISTRAR'S SIGNATURE Carl C. Casto	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weston-Bowman Funeral Home St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

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..... *Eugene Wood*

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St Joseph*

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.