

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29567**

FILED OCT 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 972

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella</b> b. (Middle) <b>Frances</b> c. (Last) <b>West</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 19, 1951</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 21, 1870</b>
9. AGE (In years last birthday) <b>81</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Gallatin, Missouri</b>
	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Henry N. Kivett</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Jess P. West</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss. Mary West</b>	ADDRESS <b>2327 S. 15th, St. Joseph, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma - Metastasis (Breast)</b>		
	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 <b>170x</b>	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2, 1951, to 9-19, 1951, that I last saw the deceased alive on 9-9, 1951, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. W. Kieber, M.D.</b> (Degree or title)	23b. ADDRESS <b>Phys &amp; Surg Bldg St Joseph Mo</b>	23c. DATE SIGNED <b>9-21-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9/21/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>
	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Sept 24, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Coats</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Neaton-Bowman Funeral Home - St Joseph</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117 /

811?

**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 W E Hunter

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St Jax

**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.