Health, Welfare Public Service

. 300
. 1-56

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9101
STATE FILE NUMBER

FILED APR 4 - 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frisco Bldg. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Cherokee
c. CITY OR TOWN Weir 8150 8 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Andrew Middle Jackson Last West
4. DATE OF DEATH Month March Day 22 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3/18/1895
9. AGE (In years last birthday) 62 — 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY National Gypsum Co.
11. BIRTHPLACE (City and state or country) Weir, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James West
14. MOTHER'S MAIDEN NAME Mary Ellen (unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 514-01-8081
17. INFORMANT Leona Grace West — Address Weir, Kans

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Office visit only 3-22-57 and last saw her/him alive on 3-22-57
Death occurred at 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R. Hamilton M.D. (Degree or title)
22b. ADDRESS Frisco Bldg., Joplin, Mo.
22c. DATE SIGNED 3-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/24/1957
23c. NAME OF CEMETERY OR CREMATORY Bird Cemetery
23d. LOCATION (City, town, or county) Cherokee County, (State) Kans.
24. FUNERAL DIRECTOR Edward L. Quinn — ADDRESS Weir, Kan.
25. DATE RECD. BY LOCAL REG. Mar 27-1957
26. REGISTRAR'S SIGNATURE Dove Merriam

HYLOR — QUINN [redacted] FH (Licensed Embalmer's Statement on Reverse Side) WEIR, KS.

County File Number 57-4-259
Date Filed APR 2 1957

JAN 6 1958
JUL 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward T. Gunn

Licensed Embalmer No 3256

P. O. Address Pittsburg

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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