

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **13485**  
REGISTRAR'S NUMBER **1414**

FILED APR 16 1957

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kelly Nursing Home</b>			Length of stay in 1b <b>20 yrs ?</b>		d. STREET (If outside, give location) ADDRESS <b>1109 E Armour</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>WEST</b> Last <b>WEST</b>				4. DATE OF DEATH Month <b>March</b> Day <b>24</b> Year <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Sept 17 1884</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Switchman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>M O P Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Baltimore Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>No Record</b>				14. MOTHER'S MAIDEN NAME <b>No Record</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W W 1</b>		16. SOCIAL SECURITY NO. <b>??</b>		17. INFORMANT. Address <b>Perrin D McElroy Pub Adm Kansas City Mo</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma descending colon</b> DUE TO (b) <b>Metastasis of abdomen &amp; lungs</b> DUE TO (c) <b>Colostomy</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <b>153x</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>-</b>					
20c. TIME OF INJURY Hour <b>-</b> Month <b>-</b> Day <b>-</b> Year <b>-</b> a. m. <b>-</b> p. m. <b>-</b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>			20f. CITY, TOWN, OR LOCATION <b>Kansas City, Jackson, Mo.</b>		COUNTY <b>-</b> STATE <b>-</b>			
21. I attended the deceased from <b>Oct 1955</b> to <b>3-24-57</b> and I saw him alive on <b>3-18-57</b> Death occurred at <b>3-24-57 2 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>James C. Walker M.D.</b>				22b. ADDRESS <b>318 Prof Bldg J.C. Mo</b>		22c. DATE SIGNED <b>3-26-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>March 27 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>				
24. FUNERAL DIRECTOR <b>Sheil Funeral Home Kansas City Mo</b>			ADDRESS <b>-</b>		25. DATE RECD. BY LOCAL REG. <b>3-16-57</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshill</b>		

Health, & Welfare Public Service  
S. 300  
1-56  
All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
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.  
securing the medical certificate in the specific manner required by law.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
James C. Walker

MEDICAL CERTIFICATION



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.....  
Signature of Student Embalmer

Signed *Thomas A. Shiel*.....

Licensed Embalmer No. *4957*  
P. O. Address *H.C. Miller*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.