

Health,
Welfare
Public
Service

FILED Aug 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24898

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1862 Registrar's No. 2192

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4325 Cypress		Length of stay in lb 1 year 1 mo.	

3. NAME OF DECEASED (Type or print) First Grace Middle Abigail Last West			4. DATE OF DEATH Month July Day 7 Year 1957		
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5. SEX F male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 24 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during week immediately preceding death, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
home maker	home	Putman Co. Mo.	U.S.A.

13a. FATHER'S NAME Jesse Oldaker West	13b. MOTHER'S MAIDEN NAME Mellisa Esther McElhiney	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. 493-18-5527	17. INFORMANT Address Clara Belle Holland 4325 Cypress
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 170x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypostatic Pneumonia	
	DUE TO (c) Cancer of Breast	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour 4:30 a.m. P.M. Month Jan Day 57 Year 1957	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.)	20f. CITY, TOWN, OR LOCATION Kirksville	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from Jan 57 to July 7 1957 and last saw her alive on July 7 1957 Death occurred at 4:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED <i>[Date]</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-9-57	23c. NAME OF CEMETERY OR CREMATORY Kirksville, Missouri	23d. LOCATION (City, town, or county) (State) Kirksville, Missouri
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24. FUNERAL DIRECTOR Davis Mortuary	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 7-9-57	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

A.L. Antry, D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL

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 *John R. Sidman*

Licensed Embalmer No. *453*

P. O. Address *Kansas City*

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.