

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 438886

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 5762		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Berbow</u>		c. LENGTH OF STAY (in this place) <u>59 yrs.</u>		c. CITY OR TOWN <u>Ewing</u>		0640	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah Emily West</u> b. (Middle) _____ c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>July 23, 1889</u>	
9. AGE (In years last birthday) <u>90</u>		10. MONTHS <u>4</u> DAYS <u>23</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____					
13a. FATHER'S NAME <u>George W. Murray</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Ann Murray</u>		14. NAME OF HUSBAND OR WIFE <u>Henry E. West</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lusie Vanarsdall</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☐		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 yrs</u> <u>4207</u>	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>47</u> , to <u>Dec 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>49</u> , and that death occurred at <u>5:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. M. Lutz</u>				23b. ADDRESS <u>Palmyra Mo</u>		23c. DATE SIGNED <u>12/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Providence</u>		24d. LOCATION (City, town, or county) (State) <u>Berbow, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-19-49</u>		REGISTRAR'S SIGNATURE <u>By Viola Lee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornad Ball</u>		ADDRESS <u>Ewing, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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 Thomas Ball

Signed _____
Student Embalmer

Licensed Embalmer No. 1744

P. O. Address Ewing Ave

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.