

FILED JAN 25 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 477

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY: Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo b. COUNTY: New Madrid	
b. CITY OR TOWN: Cape Girardeau		c. CITY OR TOWN: Portageville	
c. LENGTH OF STAY (in this place): 1 day		d. STREET ADDRESS (If rural, give location):	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Southeast Mo. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First): James b. (Middle): Alva c. (Last): West			4. DATE OF DEATH (Month) (Day) (Year) Jan 7 1950		
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5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan 8, 1910	9. AGE (in years) last birthday: 39	if UNDER 1 YEAR Months: 11	if UNDER 24 HRS. Days: 29	if UNDER 24 HRS. Hours: Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic	10b. KIND OF BUSINESS OR INDUSTRY: Car Mechanic	11. BIRTHPLACE (State or foreign country): Jackson Co. Ark	12. CITIZEN OF WHAT COUNTRY: U.S.A.
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13a. FATHER'S NAME: Joseph A. West	13b. MOTHER'S MAIDEN NAME: Ellie Bruce	14. NAME OF HUSBAND OR WIFE: Opal West
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 498-24-3645	17. INFORMANT'S SIGNATURE OR NAME: Opal West	ADDRESS: Portageville Mo
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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, ashenia, 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) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chest deformity DUE TO (c) ✓		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓		4222	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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):
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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: ✓
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22. I hereby certify that I attended the deceased from 1-6-1950, to 1-7-1950, that I last saw the deceased alive on 1-7-1950 and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE: Albert M. Ester M.D. (Degree or title)	23b. ADDRESS: 714 Broadway Cape Gir. Mo	23c. DATE SIGNED: 1-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Jan 10, 1950	24c. NAME OF CEMETERY OR CREMATORY: Portageville Cemetery	24d. LOCATION (City, town, or county) (State): Portageville, Mo
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DATE REC'D BY LOCAL REG.: 1-18-1950	REGISTRAR'S SIGNATURE: C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE: DeWitt Funeral Parlor - Portageville, Mo	ADDRESS:
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(Licensed Embalmer's Statement on Reverse Side)

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

164

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-99

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 _____

Herbert J. Gan Jr.

Student Embalmer No. 359

working under my personal supervision.

Student *Herbert J. Gan Jr.*
Student Embalmer

Signed *Joseph A. De Lash*
Licensed Embalmer No. *448*

P. O. Address *Wapsville, Mo.*

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.