

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5231

State File No.

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5608 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden</u>	c. LENGTH OF STAY (In this place) years <u>576</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Holden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Madison twp</u>		d. STREET ADDRESS (If rural, give location) <u>S. Lexington Street 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HANNAH</u> b. (Middle) <u>LORETTA</u> c. (Last) <u>WEST</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>1</u> (Year) <u>1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 7, 1874</u>	9. AGE (In years last birthday) <u>75</u> If UNDER 1 YEAR Months <u>2</u> Days <u>24</u> Hours <u>X</u> Min. <u>X</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>	11. BIRTHPLACE (State or foreign country) <u>Holden, Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Andrew Ward</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah McFadden</u>	14. NAME OF HUSBAND OR WIFE <u>Edward F. West</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M. L. Canaday</u>	ADDRESS <u>Holden, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1/202</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 2/24, 1950, to 3/1, 1950, that I last saw the deceased alive on 3/1, 1950 and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Holmberg, Do.</u>	(Degree or title)	23b. ADDRESS <u>Holden, Mo</u>	23c. DATE SIGNED <u>3/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 4, '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>
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DATE RECD BY LOCAL REG. <u>March 5, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. G. P. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Ropp</u>	ADDRESS <u>Holden, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

05/16

RECEIVED
MAR 6 1950
JOHNSON COUNTY HEALTH DEPT.

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 _____
Student Embalmer

Signed *M. L. Quadey*

Licensed Embalmer No. *3434*

P. O. Address *Holt, 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.