

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13825

State File No.

BIRTH NO. 35332-49 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4327 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Davie</u> b. (Middle) <u>Doyle</u> c. (Last) <u>West</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 29, 1949</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1-YEAR Months <u>6</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Doyle West</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Laws</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.J. Laws</u> ADDRESS <u>Princeton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <u>Accidental Home Death; ruled as</u> <u>downdraft of carbon monoxide gas</u> DUE TO (b) <u>from a stopped up flue; then into</u> <u>a propane gas burning furnace, thru</u> DUE TO (c) <u>the blowing system of heat.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>To bed at 9 p.m.</u> <u>with rigor mortis at 6:30 p.m.</u> <u>the next</u> <u>morning.</u>
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. SIGNATURE OF OPERATOR <u>065 15</u>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Princeton, Mo. Mercer Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Gas Asphyxia</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Downdraft from a stopped up flue</u>
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22. I hereby certify that I attended the deceased from Carbon monoxide Not at all to 19 that I last saw the deceased alive on 19, and that death occurred at Some time thru the night from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Princeton, Mo.</u>	23c. DATE SIGNED <u>4/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>
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DATE REC'D BY LOCAL RES. <u>4-13-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>398</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Martin Funeral Home Princeton, Mo.</u>
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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 Gene Miller

Licensed Embalmer No. 4783

P. O. Address Princeton, 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.