

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21006

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 31

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

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Moreau Township	
c. LENGTH OF STAY (In this place) 35 Yrs		d. STREET ADDRESS (If rural, give location) 6 M. South East Versailles, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 M. South East Versailles		d. STREET ADDRESS (If rural, give location) 6 M. South East Versailles, Mo	
3. NAME OF DECEASED (Type or Print) a. (First) Lizzie b. (Middle) Southworth c. (Last) West			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 1, 1873
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Green Lake, Wisconsin
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert Southworth		13b. MOTHER'S MAIDEN NAME Alice Beard	14. NAME OF HUSBAND OR WIFE Wm West
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Stringer Versailles, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Insanity	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 15, 1944 , to June 20, 1950 , that I last saw the deceased alive on June 1, 1950 , and that death occurred at 5 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE A. J. Gunn (Degree or title)		23b. ADDRESS Versaille Mo	
23c. DATE SIGNED 6/26/50		23d. LOCATION (City, town, or county) (State) Morgan Co., Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28-50	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Morgan Co., Missouri	
DATE REC'D BY LOCAL REG. July 1-1950		REGISTRAR'S SIGNATURE J. L. Washburn, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Versailles, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Versailles, Mo.	

See also O. K. Kibbe, Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7.5.50

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

Raymond C. Larker

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.