S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23831

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 323

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0492
d. STREET ADDRESS (If rural, give location): 707 N. Hall St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Mae
c. (Last): West

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 1, 1892
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 4, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Berry County Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Motter
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Judson 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: Sim Cupp 707 N. Hall Webb City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Heart — INTERVAL BETWEEN ONSET AND DEATH: July 3-1950

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Cardio Vascular Hypertensive Heart disease — 4201 3 yrs

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 ☐ NO ☒

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) m.
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 _____, 1947, to July 6, 1950 that I last saw the deceased alive on July 6, 1950, and that death occurred at 5:00 P.M. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joy E Myers MD
23b. ADDRESS: 708 Fresno Bldg Joplin Mo
23c. DATE SIGNED: July 8-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8, 1950
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 7-13-50
REGISTRAR'S SIGNATURE: Edw. James 13X by Dolores Lampkin
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Johnston-Arnce-Simpson, Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-17-50
Jasper County Health Office
County File Number 50-7-534
Date Filed 7-17-50

DEC 1 4 1950

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 Harvey E. Amee
Licensed Embalmer No. 4463
P. O. Address Neosho City, 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.