

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12136**

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **5420** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dunklin		
b. CITY OR TOWN Halscomb		c. LENGTH OF STAY (in this place) 2 mos	c. CITY OR TOWN Halscomb 0350		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural # 1			d. STREET ADDRESS (If rural, give location) Rural # 1		
3. NAME OF DECEASED (Type or Print) a. (First) Charley L.		b. (Middle) West	c. (Last) West	4. DATE OF DEATH (Month) (Day) (Year) Mar. 26-1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 22-1878	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Conrad West		13b. MOTHER'S MAIDEN NAME Martha Richards	14. NAME OF HUSBAND OR WIFE Deceased		
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 W.W. West, Halscomb, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 6 mo.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 610X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Feb 1, 1951 , to Mar 23, 1951 , that I last saw the deceased alive on Mar 23, 1951 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Chester R. Peck M.D. (Degree or title)		23b. ADDRESS 209 College Kennett Mo.		23c. DATE SIGNED Mar 28 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural # 1	24b. DATE 3-27-1951	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	24d. LOCATION (City, town, or county) (State) Kennett Mo.		
DATE REC'D BY LOCAL REG. 4-5-51	REGISTRAR'S SIGNATURE J. Anderson	89	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leota Service Kennett, Mo.		

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-16-51
COUNTY FILE NUMBER 451-108

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

Edgar Lee Ford

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.