

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13123

 BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> <u>0542</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>1417 Lafayette St.</u>		d. STREET ADDRESS (If rural, give location) <u>1417 Lafayette St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VIRGIL</u>	b. (Middle) <u>JASPER</u>	c. (Last) <u>WEST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 10 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 25, 1897</u>	9. AGE (In years last birthday) (Month) (Day) (Year) <u>53</u> <u>3</u> <u>15</u>	IF UNDER 16 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Owner of Taxi business</u>	11. BIRTHPLACE (State or foreign country) <u>Russellville, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward West</u>	13b. MOTHER'S MAIDEN NAME <u>Lee Austin</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Verden</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>Mrs. Pearl West, Lexington, Missouri</u>	ADDRESS
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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>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Found dead in bed. History of pain in chest and arm. Seen by wife 3 hours before she found him dead.</u>		
	DUE TO (c) <u>Found him dead.</u>		
	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 <u>No operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 after death on April 10, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Martin MD coroner</u>	23b. ADDRESS <u>0 desse</u>	23c. DATE SIGNED <u>4-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 12 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>April 14 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. E. Eustace</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Eustace</u>	ADDRESS <u>Lexington, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

542

APR 30 1952
MAY 22 1951

RECEIVED 4-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4-17-51

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

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working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
Leo M. Ryan

Licensed Embalmer No. 2983

P. O. Address Leamington, Wisconsin

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.