

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13695

State File No.

860
1

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u>		c. LENGTH OF STAY (in this place) LIFE TIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u>		<u>860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DARREL</u>		b. (Middle)		c. (Last) <u>WEST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9 1951</u>	
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>SEPT. 1 1884</u>		9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>7</u>	11. DAYS <u>8</u>
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HIGHWAY REPAIR WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. STATE HGHWY DEPT.</u>		11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ABEL WEST</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL SEVERENCE</u>		14. NAME OF HUSBAND OR WIFE <u>DORA WEST</u>			
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>493-I8-0349</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dora West Unionville Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>& hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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) <u>331X</u>			
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 <u>April 2, 1951</u> , to <u>April 9, 1951</u> , that I last saw the deceased alive on <u>April 9, 1951</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. L. Judd D.O.</u>				23b. ADDRESS <u>Unionville Mo 4/10/51</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 11 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>UNIONVILLE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-27-51</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BY J. W. Conant</u>		ADDRESS <u>UNIONVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

1961 E AND

Date Received: APR 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-809
Date Filed: MAY 1 1951

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed

James W. Constock
Licensed Embalmer No. *4197*
P. O. Address *Unionville, Mo*

Signed.....
Student Embalmer

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.