

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 11 1951

162334

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>489</u>					
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>WFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield Rural, North Campbell, Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 6 Springfield</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, state street address or location) <u>On Railroad track between Tampa and Chestnut</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>PRESTON</u>			b. (Middle) <u>L.</u>		c. (Last) <u>WEST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 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>June 5 1924</u>		9. AGE (In years last birthday) Months Days <u>26</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Bert West</u>			13b. MOTHER'S MAIDEN NAME <u>Bell Campbell</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW 2</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bell West</u>				ADDRESS <u>Rt. 6 Springfield</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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>crushed skull</u>								<u>instantly</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>crushed chest, crushed abdomen, broken leg and arms</u>								<u>180 1/2</u>			
DUE TO (c) _____								<u>35</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>133</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad track</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo.</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-1-1951 2:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Train ran over man on track</u>							
22. I hereby certify that I attended the deceased from _____ to _____, and that death occurred at <u>2:30 p.m.</u> on the causes and on the date stated above.											
23a. SIGNATURE <u>Allen Stephens M.D. Corcoran</u>				23b. ADDRESS <u>407 Medical Arts Bldg.</u>				23c. DATE SIGNED <u>6-1-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/4/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bassville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Strafford, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>6-4-51</u>		REGISTRAR'S SIGNATURE <u>W E Handley M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman H. Lohmeyer Co. Springfield</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

1396  
3

0390

JUL 25 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.

*This body was not embalmed.*

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.