

FILED JUN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20567**

BIRTH NO. **37928-51** REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3147** Registrar's No. **103**

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
c. LENGTH OF STAY (in this place) <b>5 hours</b>		d. STREET ADDRESS (If rural, give location) <b>1531 Iowa</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Tommy</b> b. (Middle) <b>Robert</b> c. (Last) <b>West</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>June 15, 1951</b>		9. AGE (In years last birthday) <b>5</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	
11. BIRTHPLACE (State or foreign country) <b>Webb City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <b>Billy Bob West</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Treece</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Billy West</b>	
				ADDRESS <b>1531 Iowa Joplin Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>5 hours</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anoxemia</b>		DUPLICATE TO (b) <b>Patent Foramen Ovale</b>			Congenital
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c)			
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 <b>7543</b>		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)	
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?	

22. I hereby certify that I attended the deceased from **June 15, 1951**, to **June 15, 1951**, that I last saw the deceased alive on **June 15, 1951**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P. A. Mahoney, D.O.</b>		23b. ADDRESS <b>Joplin Mo</b>		23c. DATE SIGNED <b>6-18-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-23-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial</b>	
24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Steve Parker Mortuary Joplin, Mo</b>			
DATE REC'D BY LOCAL REG. <b>June 23-51</b>		REGISTRAR'S SIGNATURE <b>S. L. Hutchell M.D.</b>			

RECEIVED 6-26-51  
Jasper County Health Office

County File Number 51/6/521  
Date Filed 6-26-51

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 \_\_\_\_\_  
working under my personal supervision. Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed F. M. Jones  
Licensed Embalmer No. 2319

P. O. Address Joplin 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.