

No. 300  
10. 48

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3082 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>AUDRAIN</b>	
b. CITY OR TOWN <b>MEXICO</b>		c. CITY OR TOWN <b>MEXICO</b>	
c. LENGTH OF STAY (In this place) <b>15 MIN</b>		d. STREET ADDRESS (If rural, give location) <b>503 S. RAWLINGS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>BRUCE ALDEN WEST</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 4 1951</b>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED: NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JULY 20-1910</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>AUDRAIN Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>LEON WEST</b>	13b. MOTHER'S MAIDEN NAME <b>VERENTA MOORE</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>LEON WEST</b>	ADDRESS <b>Mexico-Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crown's Cor. with jury Verdict Accidentally</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Homicide with a .22 rifle in the hands of Charles West while playing pool.</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>The deceased was removed to the Audrain Co. Hospital where he died from a bullet wound in the right chest death was caused by shock.</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>Accidental</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Mexico 139 Audrain Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 4<sup>th</sup> 1951 4:40 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Accidental shooting</b> <b>69190 19</b>
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22. I, hereby certify that I attended the deceased from **Crown's Cor. with jury**, that I last saw the deceased **living on July 4<sup>th</sup>**, 1951, and that death occurred at **5:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. C. Adams M.D. Crown</b>	23b. ADDRESS <b>Mexico Mo</b>	23c. DATE SIGNED <b>7-4-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>	24b. DATE <b>7-5-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>MEXICO, MO</b>
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DATE REC'D BY LOCAL REG. <b>July 7-1951</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stuart Parks</b>	ADDRESS <b>Columbia Mo</b>
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(Licensed Embalmer's statement on Reverse Side)

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

043

Date Received: JUL 16 1951  
DISTRICT HEALTH OFFICE #2.  
District File Number 7-51-1273  
Date Filed: JUL 16 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 \_\_\_\_\_

*Stuart D. Parker*

Signed.....  
Student Embalmer

Licensed Embalmer No. 29007

P. O. Address Columbia, N.C.

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.