

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36802**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4160 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winston</u> <u>1310</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Dineik</u> c. (Last) <u>West</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-5-1879</u>	9. AGE (In years last birthday) <u>72</u>	10. F UNDER 1 YEAR <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William West</u>	13b. MOTHER'S MAIDEN NAME <u>Cankwell</u>	14. NAME OF HUSBAND OR WIFE <u>Letha</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>495-05-9779</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Letha D. West</u> ADDRESS <u>Winston Mo</u>
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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) <u>Carcinoma Colon -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>at least 16 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>near recto sigmoid junction</u>		
	DUE TO (b) _____ DUE 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 <u>July 18 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Colon -</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. 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 July 22, 1950, to Oct 30, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. K. Wilson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Winston, Mo.</u>	23c. DATE SIGNED <u>11-1-51</u>
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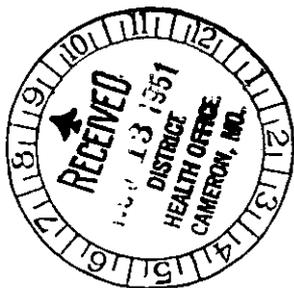
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Black</u>	24d. LOCATION (City, town, or county) (State) <u>Davies Mo</u>
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DATE REC'D BY LOCAL REG. <u>10 Nov. 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhardt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Stroup</u> ADDRESS <u>Winston Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1310

NOV 17 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.

Signed.....  
Student Embalmer

Signed *L. O. Richerson*  
Student Embalmer No. ....  
Licensed Embalmer No. *3307*  
P. O. Address *Salisbury, Md.*

**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.