S. No. 300
v. 10.48

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

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43714

BIRTH NO. 99764-51 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (In this place): 1½ Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marshall Twp.
d. STREET ADDRESS (If rural, give location): Route 4 ~~3~~ 13½ Miles East

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ruth
c. (Last): West

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22 1951

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 21-1951
9. AGE (In years last birthday): If under 1 year: Months; Days: 1; If under 24 hrs.: Hours: 12; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Marshall, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Carl V. West
13b. MOTHER'S MAIDEN NAME: Bertha Mae Webber
14. NAME OF HUSBAND OR WIFE: - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - no
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Carl V. West-Marshall, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 776X
20. AUTOPSY? YES ☐ NO ☐

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): Marshall Saline Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 21, 1951, *to* Dec 22, 1951, *that I last saw the deceased alive on* Dec 22, 1951, *and that death occurred at* 8:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R. Laurence (Degree or Title) M.D.
23b. ADDRESS: Marshall, Mo.
23c. DATE SIGNED: Dec 24-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/23/51
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park
24d. LOCATION (City, town, or county) (State): Marshall, Missouri

DATE REC'D BY LOCAL REG.: Dec 24- 1951
REGISTRAR'S SIGNATURE: Sidney F. Gray 3x5
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. Leslie Downey Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-31-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-2-52

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 _____ Body not Embalmed, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed J. Leslie Sussney
Licensed Embalmer No. 3275
P. O. Address Marshall, 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.