

FILED JAN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44001**

BIRTH NO. _____ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Miller 0660		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) Tuscumbia		c. CITY (If outside corporate limits, write RURAL and give township) Eldon 0661	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Cyrilda	c. (Last) West	4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 4, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 10 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Livingston	13b. MOTHER'S MAIDEN NAME Mary Castleman	14. NAME OF HUSBAND OR WIFE William Mark West
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Colmer West	ADDRESS Eldon, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis & pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric hemorrhage probably DUE TO (c) from Carcinoma Stomach.		
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 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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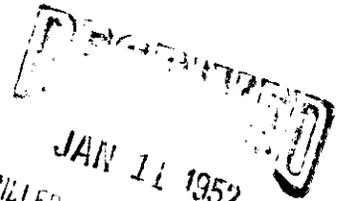
22. I hereby certify that I attended the deceased from **Dec. 26, 1951**, to **Dec 31, 1951**, that I last saw the deceased alive on **Dec 31, 1951**, and that death occurred at **11:52 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) M. E. Humphreys D.O.	23b. ADDRESS Tuscumbia, Mo.	23c. DATE SIGNED 1-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Livingston Cemetery	24d. LOCATION (City, town, or county) (State) Iberis, Rural Mo.
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DATE REC'D BY LOCAL REG. January 9-1952	REGISTRAR'S SIGNATURE Mrs. Richard L. Wright	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedges	ADDRESS Iberis, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JAN 11 1952
MILLER COUNTY HEALTH
DEPARTMENT

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter P. Hedger

Licensed Embalmer No. 14265

P. O. Address Heins, 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.