

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39785

State File No.

FILED DEC 2 1952

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5987</u>		Registrar's No. <u>145</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural-Union</u>		c. LENGTH OF STAY (in this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union</u>		d. STREET ADDRESS (If rural, give location) <u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>Murgrada</u>		c. (Last) <u>West</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>27</u> (Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-21-1874</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Lows Peterson</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Granger</u>			14. NAME OF HUSBAND OR WIFE <u>James H. West</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Bell West</u> ADDRESS <u>Dixon, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute congestive heart failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
DUE TO (b) <u>chronic congestive heart failure</u>						<u>2 years</u>	
DUE TO (c) <u>vascular hypertension.</u>						<u>unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>							
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>X</u> (COUNTY) <u>X</u> (STATE) <u>X</u>		21d. TIME OF INJURY (Month) <u>X</u> (Day) <u>X</u> (Year) <u>X</u> (Hour) <u>X</u> (Minute) <u>X</u>	
21d. TIME OF INJURY (Month) <u>X</u> (Day) <u>X</u> (Year) <u>X</u> (Hour) <u>X</u> (Minute) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>50</u> , to <u>Nov 26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 26</u> , 19 <u>52</u> , and that death occurred at <u>3:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Donley Lutz</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Dixon, Mo.</u>		23c. DATE SIGNED <u>11-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clifty</u>		24d. LOCATION (City, town, or county) (State) <u>Marion Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-29-52</u>		REGISTRAR'S SIGNATURE <u>Clifty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert</u>		ADDRESS <u>Dixon, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0850

Date Filed 11-29-52
File Number 11-29-52
Pulaski County Health Officer
RECEIVED
11-29-52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Maurice E. Schirbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.