

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 158

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3000 Registrar's No. 16

071
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Bates County</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO.</i> b. COUNTY <i>Cass</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Butler</i>		c. LENGTH OF STAY (If this place) <i>5 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Archie Rural</i>		d. STREET ADDRESS (If rural, give location) <i>0190</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Butler Memorial</i>			d. STREET ADDRESS (If rural, give location) <i>0190</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Lawrence</i> c. (Last) <i>West</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 29 - 1953</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June - 25 - 1878</i>	9. AGE (In years last birthday) <i>73 7/4</i>	10. UNDER 1 YEAR <i>7</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Rebel Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>MO.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Lapsley West</i>		13b. MOTHER'S MAIDEN NAME <i>Katherine Borden</i>		14. NAME OF HUSBAND OR WIFE <i>Hellie Crotty West</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Hellie West</i> ADDRESS <i>Archie MO</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Virus - pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Influenza</i> DUE TO (c) <i>hepatitis & diabetes</i> 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)
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 <i>Jan. 18, 1953</i> to <i>Jan. 29, 1953</i> , that I last saw the deceased alive on <i>Jan. 29, 1953</i> , and that death occurred at <i>5: P. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>L. E. Robinson M.D.</i> (Degree or title)			23b. ADDRESS <i>Archie, MO.</i>		23c. DATE SIGNED <i>Jan 30 53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 30-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Burford County</i>	24d. LOCATION (City, town, or county) (State) <i>5 miles SW. Harrisonville, MO</i>		
DATE REC'D BY LOCAL REG. <i>Jan 30-53</i>		REGISTRAR'S SIGNATURE <i>Russell Kory 17</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Atkinson Brothers</i> ADDRESS <i>Archie, MO.</i>	

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.....

Walter Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. *3920*

P. O. Address *Warrenton, Ore.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign) w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.