

No. 500
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sharp 4501
State File No. 225

ED FEB 14 1953

BIRTH NO. REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4494 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winona	c. LENGTH OF STAY (in this place) 3 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winona	1010
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) LAVADA	a. (First)	b. (Middle)	c. (Last) WEST	4. DATE OF DEATH Feb 2-1953	5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12-1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR 0	IF UNDER 1 YEAR 20	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mts.
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 (City and State or Foreign Country) Bethelume Co. Indiana		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME unknown Goble		13b. MOTHER'S MAIDEN NAME Mary Jane Quinn		14. NAME OF HUSBAND OR WIFE Art West	
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.		17. INFORMANT'S SIGNATURE OR NAME Art West Winona, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 48 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Mesenteric Thrombosis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ANTECEDENT CAUSES	DUE TO (b)	DUE TO (c)
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Arteriosclerosis	Senility
			5702	

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) (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 March 19 52, to Feb 2, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 3:30A. m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Sharp D.O.	(Degree or title)	23b. ADDRESS Winona Mo	23c. DATE SIGNED 2-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-4-53	24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery	24d. LOCATION (City, town, or county) (State) Winona, Mo.
DATE REC'D BY LOCAL REG. 2-11-53	REGISTRAR'S SIGNATURE Mabel Rollins 447	25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo.	

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

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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

Joe P. Duncan

Licensed Embalmer No. 4325

P. O. Address NY New York

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.