

FILED FEB 1 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 54335

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Milan</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Milan</u> <u>1050</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>Charles</u> b. (Middle) <u>Eldon</u> c. (Last) <u>West</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 23 1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>4-9-1930</u>
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR: MONTHS <u>9</u> DAYS <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Milan - Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Francis West</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Robinson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Francis West</u> ADDRESS <u>Milan Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia.</u>	
		ANTECEDENT CAUSES	
		Morbid conditions, if any, giving DUE TO (b) <u>influenza</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH	
Conditions contributing to the death but not related to the disease or condition causing death. <u>480X</u>		<u>2 hrs</u>	
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 <u>1-22, 1953</u> , to <u>1-23, 1953</u> , that I last saw the deceased alive on <u>1-22, 1953</u> , and that death occurred at <u>3 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>100</u>		23b. ADDRESS <u>Milan</u>	
23c. DATE SIGNED <u>1-26-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Milan - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Milan - Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-30-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> <u>330</u>	

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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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Wuhan - 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.