

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8068

FILED MAR 11 1953

State File No. _____
Registrar's No. **1900**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead Homer Phillips		d. STREET ADDRESS (If rural, give location) 1535a Franklin Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) West			4. DATE OF DEATH (Month) (Day) (Year) 2 16 1953			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1906	9. AGE (In years) (last birthday) 46	# UNDER 1 YEAR Days 10	# UNDER 1 MO. Hours 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sexton-Gang		10b. KIND OF BUSINESS OR INDUSTRY Wabash R. Road		11. BIRTHPLACE (City and State or Foreign Country) Penola County, Miss.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Albert West		13b. MOTHER'S MAIDEN NAME Idella Vinney		14. NAME OF HUSBAND OR WIFE Eva West	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2		16. SOCIAL SECURITY NO. 702-14-6578		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva West 1535a Franklin	

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

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1059** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2.18.53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-19-53		24c. NAME OF CEMETERY OR CREMATORY Crown Point	
24d. LOCATION (City, town, or county) (State) Kokomo, Indiana					

DATE REC'D BY LOCAL REG. -FEB 18 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. B. Koonce 1221 N. Grand	
---	--	---	--	---	--

(Licensed Embalmers' Statement on Reverse Side)

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 Guylton H. Swan
Licensed Embalmer No. 4580

P. O. Address 1221 1/2 Grand Blvd

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.