

FILED MAR 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8444**

BIRTH NO. _____		REG. DIST. NO. <b>334</b>		PRIMARY REG. DIST. NO. <b>336</b>		Registrar's No. <b>234</b>	
1. PLACE OF DEATH a. COUNTY <b>Shannon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winona</b>		c. LENGTH OF STAY (In this place) <b>3 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winona</b>		<b>1010</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) <b>LAVADA WEST</b>			a. (First) <b>LAVADA</b> b. (Middle) <b>WEST</b> c. (Last) <b>WEST</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 2 1953</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 12-1870</b>	
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>20</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Shannon County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Goble</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Quinn</b>	
14. NAME OF HUSBAND OR WIFE <b>Wesley West</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Art West</b>				ADDRESS <b>Winona, Mo.</b>			
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) <b>Mesenteric Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>450a</b>				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)		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 <b>Mar 1950</b> , to <b>Feb 2, 1953</b> , that I last saw the deceased alive on <b>Feb 1, 1953</b> and that death occurred at <b>2:30A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>C. E. Sharp</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>Winona Mo</b>		23c. DATE SIGNED <b>Feb 17 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-4-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Winona, Mo.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Mable Green</b>		ADDRESS <b>447 Duncan Funeral Home Mtn. View, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Mar 2 53</b>			

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

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 R. Duncan  
Licensed Embalmer No. 4325  
P. O. Address Mt View, 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.