

STANDARD CERTIFICATE OF DEATH

State File No. 27632

FILED AUG 25 1953

REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 128

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>		
b. CITY OR TOWN <b>Mexico</b>		c. LENGTH OF STAY (in this place) <b>2 wks.</b>	c. CITY OR TOWN <b>Rural Montgomery Township</b>		d. STREET ADDRESS (If rural, give location) <b>0700</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>					
3. NAME OF DECEASED (Type or Print) <b>Henry</b>		a. (First)	b. (Middle) <b>Clay</b>	c. (Last) <b>West</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 17, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 5, 1889</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Buell, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry West</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Kamp</b>		14. NAME OF HUSBAND OR WIFE <b>Laude May 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. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Howard West</b> ADDRESS <b>Montgomery City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach - mixed</b> ANTECEDENT CAUSES <b>Metastasis to liver and prostate</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>April 1953</b> " "
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>151X</b>			
19a. DATE OF OPERATION <b>April 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>	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) <b>X</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>X</b>			
22. I hereby certify that I attended the deceased from <b>July 17, 1953</b> , to <b>Aug 17, 1953</b> , that I last saw the deceased alive on <b>Aug 16, 1953</b> , and that death occurred at <b>4:50 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Henry F. O'Brien M.D.</b>			23b. ADDRESS <b>Medical Museum</b>		23c. DATE SIGNED <b>8-18-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 18, '53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Middletown Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Middletown, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Aug 18 1953</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schlaack's Funeral Home</b>	ADDRESS <b>Montgomery City, Mo.</b>		

(Licensed Embalmer's 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 E. Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.