S. No. 300
v. 10-48

FILED OCT 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31319

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4135 Registrar's No. 42

0250

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower
c. LENGTH OF STAY (In this place): 20 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower 0250
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Perry
b. (Middle): A.
c. (Last): West

4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 1953

5. SEX: male 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6/6/1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Edgerton Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: G.O. West
13b. MOTHER'S MAIDEN NAME: Mary Hayden
14. NAME OF HUSBAND OR WIFE: Katherine West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-20-2117
17. INFORMANT'S SIGNATURE OR NAME: Katherine West — ADDRESS: Gower, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atelectasis — 5 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Bronchial Asthma — 15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 241 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 6, 1953, *to* Oct 5, 1953, *that I last saw the deceased alive on* Oct 5, 1953, *and that death occurred at* 11:04 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W B Shalding MD
23b. ADDRESS: Plattsburg Mo
23c. DATE SIGNED: Oct 9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/7/53
24c. NAME OF CEMETERY OR CREMATORY: Allen Cemetery
24d. LOCATION (City, town, or county) (State): Gower Mo.

DATE REC'D BY LOCAL REG.: Oct 9-1953
REGISTRAR'S SIGNATURE: Elizabeth Scearce 441-C
25. FUNERAL DIRECTOR'S SIGNATURE: John H. Murray — ADDRESS: Gower Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.