

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42061**

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **4033** Registrar's No. **120**

0070

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret	
c. LENGTH OF STAY (in this place) 48 yrs		d. STREET ADDRESS (If rural, give location) 2070	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Newton c. (Last) West			4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-14-1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alonzo Haylan West	13b. MOTHER'S MAIDEN NAME Sarah Schriver	14. NAME OF HUSBAND OR WIFE Mrs Elsie West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. 489-12-6281	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elsie West - Amoret 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 15 Min.
	ANTECEDENT CAUSES DUE TO (b) Bacterial Endocarditis		
	DUE TO (c) Inflammatory Rheumatism		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4300			5 yrs. 5 1/2 yrs Ago

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **Aug. 1, 1952** to **Dec. 28, 1953**, that I last saw the deceased alive on **Dec. 26, 1953**, and that death occurred at **8:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.H. Schubert, D.O.	23b. ADDRESS Amoret, Missouri	23c. DATE SIGNED 12-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-30-53	24c. NAME OF CEMETERY OR CREMATORY Benjamin Cemetery	24d. LOCATION (City, town, or county) (State) Bates Co. Mo. 710
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DATE REC'D BY LOCAL REG. 12-30-53	REGISTRAR'S SIGNATURE Rendall Kury	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archer + 7129 Gold - Amsterdamm, Mo.
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JAN 1 1911

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..... 

Licensed Embalmer No. 3650

P. O. Address Adrian 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.