

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11043

FILED APR 6 1954

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Worth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Worth

b. CITY OR TOWN Grant City Mo c. LENGTH OF STAY (in this place) 31 years

c. CITY OR TOWN Grant City Mo d. STREET ADDRESS (If rural, give location) Highway 969

d. FULL NAME OF HOSPITAL OR INSTITUTION Fletcher Rest Home

3. NAME OF DECEASED
a. (First) Maud b. (Middle) Ethel c. (Last) West

4. DATE OF DEATH (Month) (Day) (Year) Mar 29 54

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug 20 - 1882 9. AGE (In years last birthday) 71 10. IF UNDER 1 YEAR Months 7 Days 9 11. IF UNDER 1 Hrs. Hours 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Retired Farming

11. BIRTHPLACE (City and State or Foreign Country) Taylor County Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Youngkin 13b. MOTHER'S MAIDEN NAME Mary Quimby 14. NAME OF HUSBAND OR WIFE Elmer West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Elmer West ADDRESS Grant City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

19. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Liver
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Sigmoid Colon
DUE TO (c) 153 X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 53 19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon with Obstruction, Complete 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 Jul 1953, to Mar 29, 1954, that I last saw the deceased alive on Mar 29, 1954, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank B. Harrison M.D. 23b. ADDRESS Grant City Mo 23c. DATE SIGNED 3-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar 31-54 24c. NAME OF CEMETERY OR CREMATORY Platteville Cemetery 24d. LOCATION (City, town, or county) (State) Platteville Iowa

DATE REC'D BY LOCAL REG. April 2, 1954 REGISTRAR'S SIGNATURE John E. Anderson 345 FUNERAL DIRECTOR'S SIGNATURE John E. Anderson ADDRESS Grant City 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 _____

John Andrews Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant 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.