No. 300
10-48

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12680

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY MARIES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL (Jefferson Twn)
c. LENGTH OF STAY (In this place) 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) family home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY MARIES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL (Jefferson township)
d. STREET ADDRESS (If rural, give location) 0630

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) ANDERSON
c. (Last) WEST

4. DATE OF DEATH (Month) (Day) (Year) April 5-1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG 27th 1891

9. AGE (In years last birthday) 62
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) FARMING

10b. KIND OF BUSINESS OR INDUSTRY OWN FARM

11. BIRTHPLACE (City and State or Foreign Country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ELIJAH WEST

13b. MOTHER'S MAIDEN NAME ELIA BOWMAN

14. NAME OF HUSBAND OR WIFE LELA (Bilberry) 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. ?

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lela West (Wife) Belle, MO.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs.

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None 162X

19a. DATE OF OPERATION 9-17-51

19b. MAJOR FINDINGS OF OPERATION Bronchiogenic carcinoma - Right Upper Lobe

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* 9-17, 1951, *to* 4-5, 1954, *that I last saw the deceased alive on* 4-4, 1954, *and that death occurred at* 6:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lewis Brenner, M.D.

23b. ADDRESS Owensville, Mo.

23c. DATE SIGNED 4-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE April 8-1954

24c. NAME OF CEMETERY OR CREMATORY Skaggs Chapel

24d. LOCATION (City, town, or county) (State) Maries County, Mo.

DATE REC'D BY LOCAL REG. 4-12-54

REGISTRAR'S SIGNATURE Pauline Howard

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Curtis Brenner Funeral Home Belle, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1954

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 Chester Saesman

Licensed Embalmer No. 4178

P. O. Address Blanchard 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.