

FILED JUL 22 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23392

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	c. LENGTH OF STAY (in this place) 15 mos.	c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 210 Meridian St		e. STREET ADDRESS (If rural, give location) 210 Meridian St 0490	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) AMANDA	b. (Middle) JANE	c. (Last) WEST	(Month) July	(Day) 13	(Year) 1954
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 19, 1878		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Milan, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nelson Glidewell	13b. MOTHER'S MAIDEN NAME Sarah Garrett	14. NAME OF HUSBAND OR WIFE Albert West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Floyd Stalder, 210 Brooklyn, KC, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk 2 yrs unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debilitation</u> DUE TO (c) <u>Auricular fibrillation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 12-19, 1953, to 7-5, 1954, that I last saw the deceased alive on 7-5, 1954 and that death occurred at 3:15a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Patterson MD</u>	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 7-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-15-54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
		24d. LOCATION (City, town, or county) (State) Milan, Mo

DATE REC'D BY LOCAL REG. 7-14-54	REGISTRAR'S SIGNATURE <u>Margaret Curtis</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 21 19
Jasper County Health Office
County File Number 54-7-
Date Filed JUL 21 19

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.....
Signature of Student Embalmer

Signed..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.