

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28369

State File No.

BIRTH NO. 27214-54 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>MISSOURI</u> COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - NEW MADRID</u>	c. LENGTH OF STAY (In this place) <u>5 Mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - NEW MADRID</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BONNIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>WEST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1954</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>March 27, 1919</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 11 HRS. Hours <u>0</u>	Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HARVE WEST</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN DAVIS</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>5710</u>		ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colitis</u>		
	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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 2 Sept, 1954, to 2 Sept, 1954, that I last saw the deceased alive on 2 Sept, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles C. Keeler M.D.</u>		23b. ADDRESS <u>New Madrid, Mo.</u>		23c. DATE SIGNED <u>4 Sept 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNDS PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>NEAR NEW MADRID, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard. Hunt</u>			
DATE REC'D BY LOCAL REG. <u>SEPT. 6 - 54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Claude Bates Sr.</u>		ADDRESS <u>216</u>	

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

0720

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 Tommy S. Roberts

Licensed Embalmer No. 48876

P. O. Address New Madrid, 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.