

No. 300
10-48

5314

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>59</u>	
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 JOPLIN		c. LENGTH OF STAY (In this place) 6 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 1909 LAUREL AVENUE			
3. NAME OF DECEASED (Type or Print) ALBERT			a. (First)	b. (Middle)	c. (Last) WEST	4. DATE OF DEATH (Month) (Day) (Year) FEB. 16, 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 1, 1866		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) INDIANAPOLIS, IND.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WASHINGTON WEST			13b. MOTHER'S MAIDEN NAME CYNTHIA STALEY		14. NAME OF HUSBAND OR WIFE MRS. NELLIE WEST		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. NELLIE WEST, 1909 LAUREL AVE.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction DUE TO (b) Coronary Occlusion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1201				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) (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 <u>2-11-</u> , 19 <u>55</u> , to <u>2-16-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-16-</u> , 19 <u>55</u> , and that death occurred at <u>9:35p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>James S. Parker</i>				23b. ADDRESS 805 Frisco Bldg. Joplin, Mo.		23c. DATE SIGNED 2/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-19-55 1380		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI.	
DATE REC'D BY LOCAL REG. 2-21-55		REGISTRAR'S SIGNATURE <i>James S. Parker</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

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

County File Number 55-3-123
Date Filed MAR 1 - 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.