

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26767**

FILED SEP 6 1955

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 184

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>T.</u> c. (Last) <u>West</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-27-1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>August 10 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Edward Merrittot</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar S. West</u> ADDRESS <u>200 Tyler St St Louis Mo</u>	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>10 yrs</u> <u>2 yrs</u> <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis!</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis.</u> DUE TO (c) <u>332XF</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decubitus ulcer</u> <u>ununioned hip fracture</u>		19. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

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 Jan 54, 1954, to Aug 20, 1955 that I last saw the deceased alive on Aug 20, 1955 and that death occurred at 8:20 A., from the causes and on the date stated above.

23a. SIGNATURE <u>John G. Kellett M.D.</u> (Degree or title)	23b. ADDRESS <u>2627 Telegraph</u>	23c. DATE SIGNED <u>8/27/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-29-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>2101 Luana and Hunt Road Mo.</u>		

DATE REC'D BY LOCAL REG. <u>8-27-55</u>	REGISTRAR'S SIGNATURE <u>Ruth J. Isaac 439</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenheim Bros.</u> ADDRESS <u>6409 Gravois ave</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

11 to 5

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 31 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Van M. Sigeman*.....

Licensed Embalmer No. *43*.....

P. O. Address *St. Louis*.....

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.