

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27708**

FILED AUG 21 1956

BIRTH NO. _____ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **5805** Registrar's No. **36**

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

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Jefferson Township)		c. CITY OR TOWN Perry, Missouri	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 Junction Highway 156&107		e. STREET ADDRESS Perry, Missouri.	

3. NAME OF DECEASED (Type or Print) BENJAMAN J. WEST.	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug 5, 1956.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 7, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Greenwood Co, Kansas.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Green M. West	13b. MOTHER'S MAIDEN NAME Estar Hoover	14. NAME OF HUSBAND OR WIFE Azzie West.
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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 Dewey West.	ADDRESS Perry, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEAD AND CHEST INJURY		
	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"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE ROAD	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JEFFERSON TOWNSHIP, MONROE-MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AUGUST 5 1956 10:15 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT
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22. I, hereby certify that I attended the deceased from **No Medical Attention**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:15 AM** from the causes and on the date stated above.

23a. SIGNATURE Russell W. Wilson	(Degree or title) Coroner	23b. ADDRESS Monroe City, Missouri	23c. DATE SIGNED Aug 6, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 8, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery	24d. LOCATION (City, town, or county) (State) Monroe City, Missouri.
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DATE REC'D BY LOCAL REG. Aug. 16, 1956	REGISTRAR'S SIGNATURE J. L. Barnet	25. FUNERAL DIRECTOR'S SIGNATURE Clyde C. Wilkey	ADDRESS Perry, Missouri.
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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 *Clyde C. Wickroy*

Licensed Embalmer No. 3820

P. O. Address Perry, Miss

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.