Health, Welfare Public Service

5. 300
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FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9689
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5948 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Worthington Elm — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Putnam
c. CITY OR TOWN Worthington 1860 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First James Middle Monroe Last West
4. DATE OF DEATH: Month Mar. Day 29 Year 57
5. SEX M 0
6. COLOR OR RACE W.
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 29-78
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR: Months 7 Days —
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME William West
14. MOTHER'S MAIDEN NAME Mary Capps
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Clara West Address Worthington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Failure — 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:
DUE TO (b) Uremia — 4 months
DUE TO (c) Cerebral thrombosis — 5 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Generalized arthritis 332X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. — Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 8/23/50 to 3/29/57 and last saw him alive on 3/28/57
Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Edward M. Roberts M.D. (Degree or title) 2
22b. ADDRESS Queen City Mo.
22c. DATE SIGNED 4/2/57
23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 3-31-57
23c. NAME OF CEMETERY OR CREMATORY Jimtown Cem.
23d. LOCATION (City, town, or county) Schyler Co. (State) Mo
24. FUNERAL DIRECTOR J.D. Husted ADDRESS Bon-Unionville Mo
25. DATE RECD. BY LOCAL REG. 4-6-57
26. REGISTRAR'S SIGNATURE Merrell Durbin

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murl E Husted

Licensed Embalmer No. 330

P. O. Address Unionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.