

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1957

STATE FILE NUMBER 57017682

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b> <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ORONOGO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ORONOGO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>106 ELLIOTT</b>		Length of stay in lb <b>50 YRS</b>		d. STREET ADDRESS <b>106 ELLIOTT</b>		(If outside, give location) <b>0490</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>MAUDE</b>			First <b>MAUDE</b> Middle <b>ETHEL</b> Last <b>WEST</b>			4. DATE OF DEATH <b>6 3 1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JANUARY 24, 1882</b>		9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>10</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	11. BIRTHPLACE (City and state or country) <b>BUFFALO, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>L.F. WEST</b>			14. MOTHER'S MAIDEN NAME <b>MARTHA BROADWATER</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>GLEN WEST</b>		Address <b>ORONOGO, MO</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>About 3 hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic heart disease</b>				" <b>10 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>ORONOGO</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>6-16-47</b> to <b>6-3-57</b> and last saw her <del>him</del> alive on <b>6-3-57</b> Death occurred at <b>5:45</b> A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>James V. Flaherty, M.A.</b>				22b. ADDRESS <b>319 W. Main St., Cartersville, Mo.</b>		22c. DATE SIGNED <b>6-3-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-5-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ORONOGO CEMETERY</b>		23d. LOCATION (City, town, or county) <b>ORONOGO</b>		(State) <b>MO</b>	
24. FUNERAL DIRECTOR <b>HEDGE-LEWIS FUNERAL HOME WEPB CITY, MO</b>			ADDRESS <b>WEPB CITY, MO</b>	25. DATE RECD. BY LOCAL REG. <b>6-4-57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		

(Licensed Embalmer's Statement on Reverse Side)

Disease in Part I must be causally 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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Richard Gray* .....  
Licensed Embalmer No. *44*

P. O. Address *Wab*

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