

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **18250**

FILED JUN 14 1957

Registration District No. 3-14-57 Primary Registration District No. 4459 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osceola</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rural- Osceola</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osceola</b>		Length of stay in lb	d. STREET ADDRESS <b>Osceola Township</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Leon</b> Last <b>West</b>			4. DATE OF DEATH Month <b>May</b> Day <b>21</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec; 23, 1926</b>	9. AGE (In years last birthday) <b>30</b>
IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Milk Hauler</b>		11. BIRTHPLACE (City and state or country) <b>Hillsdale Tenn;</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Jesse K. West</b>		
14. MOTHER'S MAIDEN NAME <b>Fanelia Woodward</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>WWII 2</b>		
16. SOCIAL SECURITY NO. <b>496-32-6607</b>		17. INFORMANT <b>Bernita West, Osceola Missouri</b> Address			
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>Crushed Head</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Truck Overturning</b>					
DUE TO (c)					
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 checked="" 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.) <b>Truck Loaded With Milk Overturned</b>		
20c. TIME OF INJURY Hour <b>11:00</b> a.m. Month, Day, Year <b>5-21-57</b>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg. etc.) <b>highway 82</b>		
20e. CITY, TOWN, OR LOCATION <b>Osceola St. Clair Missouri</b>			20f. COUNTY <b>St. Clair</b>		
20g. STATE <b>Missouri</b>			20h. ADDRESS		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>11:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					22c. DATE SIGNED <b>5/22/57</b>
22a. SIGNATURE <i>James B. Goodnick</i> (Degree or title)			22b. ADDRESS <b>Osceola Missouri</b>		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5/23/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Martin</b>		23d. LOCATION (City, town, or county) (State) <b>Piqua Kansas</b>	
24. FUNERAL DIRECTOR <b>Goodnick 2 HOME OSCEOLA MO</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>3/27-1957</b>	25. REGISTRAR'S SIGNATURE <i>Paul Seewer</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 22 1957

JUL 3 1957

JUL 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. B. Braden*.....

Licensed Embalmer No. *30*

P. O. Address *Osceola*

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.