

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **47021**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **4506** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Essex</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Essex</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b> b. (Middle) <b>May</b> c. (Last) <b>West</b>			4. DATE OF DEATH <b>Dec. 7, 1957</b> (Month) (Day) (Year)		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 12, 1890</b>		9. AGE (In years last birthday) <b>67</b> If under 1 year: Months <b>6</b> Days <b>25</b> If under 1 min. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Vincennes, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Jerome Baird</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth America Shields</b>		14. NAME OF HUSBAND OR WIFE <b>Lawrence West (Dec'd)</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest West, Essex, Missouri</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pneumonia</b>		DUE TO (b) <b>acute infectious bronchitis</b>			<b>3 wks</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<b>3 wks</b>
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? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
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) m.		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 **5-1-57**, 19**57**, to **12-7-57**, 19**57**, that I last saw the deceased alive on **Dec 6, 1957**, and that death occurred at **2:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Robert E. Cohen D.O.</b>		23b. ADDRESS <b>Dexter, Missouri</b>		23c. DATE SIGNED <b>12-13-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-10-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Essex</b>	
				24d. LOCATION (City, town, or county) (State) <b>Essex, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>12-17-57</b>		REGISTRAR'S SIGNATURE <b>Mrs. George L. Baker</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Strickland-Rainey Dexter, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed Lucille Paisley

Licensed Embalmer No. 4983

P. O. Address Depton, Mo.

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 this body is not embalmed, fact should be so stated above.