

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014675

STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0495
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION T. JOHN'S HOSP.	Length of stay in lb 25 YRS	d. STREET ADDRESS 2205 1/2 JACKSON AVE.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LLOYD JOSEPH WEST			4. DATE OF DEATH Month Day Year APRIL 24, 1958		
---	--	--	---	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 9, 1897	9. AGE (In years less birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
----------	--------------------	---	------------------------------	------------------------------------	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR DEALER	10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE BUSINESS	11. BIRTHPLACE (City and state or country) CHESTER, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME UNK	13b. MOTHER'S MAIDEN NAME ELLA LAWS	14. NAME OF HUSBAND OR WIFE EULA WEST
---------------------------	--	--

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. UNK	17. INFORMANT Address MRS. EULA WEST, 2205 1/2 JACKSON AVENUE
---	--------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) Insulin Shock		10 1/2 hrs
	DUE TO (c) 260X		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Bronchiectasis Peri renal abscess		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year o.m. p.m.	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 COUNTY STATE
--	--	--	---

21. I attended the deceased from 4-24-58, to 4-24-58 and last saw her alive on 4-24-58 Death occurred at 7 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE V.B. Schaeberl M.D.	(Degree or title)	22b. ADDRESS Joplin Mo	22c. DATE SIGNED 4-26-58
---------------------------------------	-------------------	---------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-26-58	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
---	----------------------	--	---

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-1-1958	26. REGISTRAR'S SIGNATURE Dorice Merriam
--	---------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number 58-5-4B
Date Filed MAY 5 1957

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 F. M. Jones

Licensed Embalmer No. 7319

P. O. Address Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.