

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020867
State File No.

FILED JUN 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arab</u> c. LENGTH OF STAY (in this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wayne Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> c. CITY OR TOWN <u>Arab</u> <u>6890</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>Wayne Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beauford</u> b. (Middle) <u>Loren</u> c. (Last) <u>West</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1958</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 17, 1899</u> 9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u> IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arab, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>O. N. West</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Jane Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Marie West</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Marie West Arab, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Occlusion</u> DUE TO (c) <u>Coronary Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <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) <u>4201</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>11:30 P</u> , 19 <u>58</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Glenn E. Zinke coroner</u>		23b. ADDRESS <u>Suttonville Mo.</u>		23c. DATE SIGNED <u>6-14-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beprong Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/20/58</u>		REGISTRAR'S SIGNATURE <u>Mrs Beauford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Morgan Adams</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Wm H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.