

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004452

STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 27 Primary Registration District No. 5083 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Bates</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Passaic Monroeville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Passaic</i> 0070
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Passaic</i>		Length of stay in lb <i>5 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>Passaic</i>
3. NAME OF DECEASED (Type or print) First <i>Doyle</i> Middle <i>Sylvanus</i> Last <i>West</i>			4. DATE OF DEATH Month <i>2</i> - Day <i>7</i> - Year <i>1959</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12-29-1874</i>
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <i>Furner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>Tekama, Neb.</i>
13a. FATHER'S NAME <i>Wm. West</i>		13b. MOTHER'S MAIDEN NAME <i>Catherine Bowden</i>	14. NAME OF HUSBAND OR WIFE <i>Alma</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Alma West</i> Address <i>Passaic Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremic Coma.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Chronic nephritis</i> DUE TO (c) <i>Arterial Sclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>5 years</i>
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 <i>2:30 P.</i> Month <i>5</i> , Day <i>59</i> , Year <i>59</i>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>2-5-59</i> to <i>2-7-59</i> and last saw him alive on <i>2-7-59</i> Death occurred at <i>2:30 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R. L. Hansen M.D.</i>		22b. ADDRESS <i>Butler Mo</i>	
22c. DATE SIGNED <i>2-9-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>2-9-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cubhill</i>
23d. LOCATION (City, town, or county) <i>Butler Mo</i>		(State)	
24. FUNERAL DIRECTOR <i>Cubhill-Underwood</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>Feb. 9-1959</i>	
26. REGISTRAR'S SIGNATURE <i>Kendall Kersey</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert S. Stembach*

Licensed Embalmer No. *4657*
P. O. Address *Butler, 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.