URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-030061

FILED VS AUG 30 1960

Registration District No. 86 Primary Registration District No. 5328 Registrar's No. 1-1960 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Twsp. Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of George West Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Leasburg Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Harriett Middle Ann Last West
4. DATE OF DEATH Month Aug. Day 23 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 22 1874
9. AGE (last birthday) 86
IF UNDER 1 YEAR Months / Days / IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Potosi Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Cresswell
13b. MOTHER'S MAIDEN NAME Mary Ray
14. NAME OF HUSBAND ~~OR WIFE~~ Pearl E. West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT Pearl West Address Leasburg, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia. INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive Failure years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Pyelonephritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 59, to 23 Aug 60 and last saw him alive on 23 Aug 60
Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Gordon W. Duffel (Degree or title) MD
22b. ADDRESS Bourbon MO
22c. DATE SIGNED

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 26 1960
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Lea
23d. LOCATION (City, town, or county) Leasburg (State) Mo
24. FUNERAL DIRECTOR Norman C. Hoener ADDRESS Cuba, Mo
25. DATE RECD. BY LOCAL REG. 8-24-60
26. REGISTRAR'S SIGNATURE W. C. Davis, Deputy

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Norman R. Haen

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.