URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038101

FILED VS NOV 7 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1085A

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Springfield Baptist Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Christian
c. CITY OR TOWN Nixa, RFD — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 miles NE — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Mamie Middle Aramenta Last West

4. DATE OF DEATH Month October Day 26, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH January 18, 1880

9. AGE (last birthday) 80 — 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 ----

11. BIRTHPLACE (City and state or country) Greene County, Mo.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Lanson Lyman

13b. MOTHER'S MAIDEN NAME Amanda Patterson

14. NAME OF HUSBAND OR WIFE B. Frank West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Miss Edythe West, RFD, Nixa, Missouri — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lung Abscess — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia and Atelectasis — 3½ weeks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.) Aug 20, 1957

20f. CITY, TOWN, OR LOCATION COUNTY STATE 26 Oct 1960

21. I attended the deceased from Aug 20, 1957, to 26 Oct 1960 and last saw her/him alive on 25 Oct 1960

Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis M Maple MD

22b. ADDRESS Springfield, Mo

22c. DATE SIGNED 31 Oct 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/27/1960

23c. NAME OF CEMETERY OR CREMATORY Payne Cemetery

23d. LOCATION (City, town, or county) (State) Nixa, Missouri

24. FUNERAL DIRECTOR J. Dean Harris, ADDRESS Clever, Missouri

25. DATE RECD. BY LOCAL REG. 11-4-60

26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

3 1987

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jolean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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