

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4 -61-001205
STATE FILE NUMBER 1995

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. ~~11111~~

AMENDED

FILED VS FEB 14 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Johnson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden		a. STATE Missouri		b. COUNTY Johnson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McKissick @ Market sts		Length of stay in lb 4 days		c. CITY OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS McKissick & Market Holden, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) McKissick & Market Holden, Missouri		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JOHN		Middle ALVIN		Last WEST		Month Day Year January 31, 1961	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/23/24	9. AGE (last birthday) 36	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) laborer		10b. KIND OF BUSINESS OR INDUSTRY Highway construction		11. BIRTHPLACE (City and state or country) Strafford, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Albert West			13b. MOTHER'S MAIDEN NAME Marjorie Peyton			14. NAME OF HUSBAND OR WIFE Theressa 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. XXXX		17. INFORMANT Theressa West, Holden, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pulmonary Infection						5 mins.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial Pneumonia						1 day	
DUE TO (c) Status Asthmaticus						2 yrs	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.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 4-1-60 to 1-31-61 and last saw him alive on 1-31-61 Death occurred at 2:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James M. Holmberg D.O.				22b. ADDRESS Holden, Mo		22c. DATE SIGNED 2-2-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/3/61		23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		23d. LOCATION (City, town, or county) (State) Holden, Missouri.	
24. FUNERAL DIRECTOR Canaday & Ropp, Holden, Mo.				25. DATE RECD. BY LOCAL REG. 2-8-61		26. REGISTRAR'S SIGNATURE Miss Marion Ross	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 12 1961

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 Samuel B. Boyd

Licensed Embalmer No. 4044

P. O. Address Holden, 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.