

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002973

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5901 Registrar's No. 20

AMENDED

FILED FEB 2 1962

1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Remiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Netherlands, T.P.</u> Length of stay in lb		c. CITY OR TOWN <u>Netherlands</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 mi, W. of Netherlands</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi, W. of Netherlands</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Anthony Middle West Last West 4. DATE OF DEATH Month 1 Day 16 Year 1962

5. SEX Male 6. COLOR OR RACE Col. Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-11-60 9. AGE (last birthday) 1 IF UNDER 1 YEAR Months 6 Days 9 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) infant 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Los Angeles, Calif. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME John West 13b. MOTHER'S MAIDEN NAME Sarah - 14. NAME OF HUSBAND OR WIFE -

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. - 17. INFORMANT John West, Hayti, Mo. Address -

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY:
IMMEDIATE CAUSE (a) Unknown, Natural, this baby died
DUE TO (b) with no medical attention
DUE TO (c) -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

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 Month, Day, Year a.m. p.m.

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 _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jimmy Gibson, Coroner (Degree or title) 22b. ADDRESS Wassell, Mo. 22c. DATE SIGNED 1-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1-21-1962 23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery 23d. LOCATION (City, town, or county) Concord, Mo. (State)

24. FUNERAL DIRECTOR J. J. Smith ADDRESS Hayti, Mo. 25. DATE RECD. BY LOCAL REG. 1-23-62 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Jack Kelly

Licensed Embalmer No. 3288

P. O. Address Caruthersville

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.