

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030181

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 307 Registrar's No. 956

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 27 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1 <u>0128</u>		
2 <u>0910</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
9 <u>420.1</u>		
10		
11		
12 <u>4-0</u>		
13 <u>1-0</u>		

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff, Mo.</u>		Length of stay in lb <u>2 DAYS</u>	c. CITY OR TOWN <u>Naylor, Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Poplar Bluff</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>GEN. DEL.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>JAMES G. WEST</u>			4. DATE OF DEATH Month Day Year <u>August 17 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-1892</u>
9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>NAYLOR - Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE WEST</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Arizona Pearl SPAWR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no for unknown) (If yes, give year or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
17. INFORMANT <u>JAMES L. West</u>		Address <u>WARDELL - Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis CORONARY SEVERE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>43 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis CORONARY ARTERY</u>			<u>UNKNOWN</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m.	Month, Day, Year		
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 <u>8-15-62</u> to <u>8-17-62</u> and last saw <sup>her</sup> him alive on <u>8-16-62</u> Death occurred at <u>600 AM 8-17-62</u> <sup>PM</sup> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Macaulay M.R.</u> (Degree or title)		22b. ADDRESS <u>Poplar Bluff Mo</u>	22c. DATE SIGNED <u>8-17-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-19-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>KINSEY Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Butler Co., Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>PARRENT FUNERAL HOME - NAYLOR</u>		25. DATE RECD. BY LOCAL REG. <u>8-28-1962</u>	26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u>

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION 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, Gene Harrent

Licensed Embalmer No. 4809  
P. O. Address Naylor, 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.