

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#62-037572

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 90

FILED NOV 15 1962

VS 300
Rev. 4/59

1 0050
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12 86-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE		Length of stay in 1b 9 yrs.	c. CITY OR TOWN Mountain Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rowley Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Oato Star Rt. Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ISSAC ORIN WEST			4. DATE OF DEATH Month Day Year Nov. 4 62
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/11/02
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 60
11a. FATHER'S NAME J.A. West		11b. MOTHER'S MAIDEN NAME Gurtide McNeil	9. AGE (last birthday) 60
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. none	17. INFORMANT Address Alice Clark, Ft. Scott, Kans.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma			INTERVAL BETWEEN ONSET AND DEATH 3-4 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Malignant melanoma of eye			Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chc. astromyotilis of foot Senil arteriosclerosis.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 Jan 1956 to _____ and last saw him live on 8-1-62 Death occurred at 2:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mary Newman M.D.		22b. ADDRESS Cassville, Mo.	22c. DATE SIGNED 11-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/7/62	23c. NAME OF CEMETERY OR CREMATORY Mineral Springs	23d. LOCATION (City, town, or county) (State) Mineral Springs, Mo.
24. FUNERAL DIRECTOR ADDRESS D.E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 11-7-1962	26. REGISTRAR'S SIGNATURE Grace Williams

USE BLACK INK OR TYPEWRITER RIBBON

Permit permit issued 11-9-62 R.W.

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 Dyle E. Williamson
Licensed Embalmer No. 4883

P. O. Address Crossville, TN

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.