

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30876

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>1645</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		<u>53</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial U</u>				d. STREET ADDRESS (If rural, give location) <u>1118 Beverly Dr.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>Florene</u>		c. (Last) <u>West</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 2 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 20, 1895</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS, OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lebanon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ed Windsor</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Smothers</u>		14. NAME OF HUSBAND OR WIFE <u>C. L. West</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. L. West Lebanon, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u>				<u>4 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Metastasis</u>				<u>5 mo</u>	
		DUE TO (c) <u>Spine, Lungs, Rectum</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>171X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>27 Apr. 1949</u> to <u>Oct. 2, 1949</u> , that I last saw the deceased alive, on <u>Oct 2, 1949</u> , and that death occurred at <u>8.40 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul A. Jenkins MD II</u>				23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>4 Oct 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Missouri</u>		
DATE REC'D BY LOCAL REG <u>10-5-1949</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		424 53 27 F W Married April 20, 1895 54 Housewife Lebanon, Missouri Ed Windsor Margaret Smothers C. L. West no Carcinoma of Cervix Generalized Metastasis Spine, Lungs, Rectum 171X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 27 Apr. 1949 to Oct. 2, 1949, that I last saw the deceased alive, on Oct 2, 1949, and that death occurred at 8.40 A., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) Paul A. Jenkins MD II 23b. ADDRESS Lebanon Mo 23c. DATE SIGNED 4 Oct 49 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/4/49 24c. NAME OF CEMETERY OR CREMATORY Lebanon City 24d. LOCATION (City, town, or county) (State) Lebanon Missouri DATE REC'D BY LOCAL REG 10-5-1949 REGISTRAR'S SIGNATURE Hella L. Gray 424 53 27 F W Married April 20, 1895 54 Housewife Lebanon, Missouri Ed Windsor Margaret Smothers C. L. West no Carcinoma of Cervix Generalized Metastasis Spine, Lungs, Rectum 171X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 27 Apr. 1949 to Oct. 2, 1949, that I last saw the deceased alive, on Oct 2, 1949, and that death occurred at 8.40 A., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) Paul A. Jenkins MD II 23b. ADDRESS Lebanon Mo 23c. DATE SIGNED 4 Oct 49 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/4/49 24c. NAME OF CEMETERY OR CREMATORY Lebanon City 24d. LOCATION (City, town, or county) (State) Lebanon Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer Lebanon Mo</u>	

10-7-49  
OCT  
Received

Laclede County Health Unit

File No.

10-49-145

Date Filed

OCT 10 1949

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 .....  
Student Embalmer

Signed

*Emmett E. Everett*

Licensed Embalmer No.

4748

P. O. Address

*Lebanon, 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 this body is not embalmed, fact should be so stated above.