

5. No. 300
v. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5577

1568

FILED JAN 17 1951

State File No. 6

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 577 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galesburg Jasper		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Galesburg Rural Jasper Ship	
c. LENGTH OF STAY (in this place) 8 Years		d. STREET ADDRESS (If rural, give location) Oronogo, Mo. Rt. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oronogo, Mo. Rt. # 1			

3. NAME OF DECEASED (Type or Print) Mike	a. (First)	b. (Middle)	c. (Last) West	4. DATE OF DEATH (Month) (Day) (Year) 1 3 51
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept 25-1874	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR 3 Months	11. UNDER 1 WEEK 8 Days	12. UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coachman	10b. KIND OF BUSINESS OR INDUSTRY M.O.P.R.R.	11. BIRTHPLACE (State or foreign country) Miller Co Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas West	13b. MOTHER'S MAIDEN NAME Sarah Vanderpool	14. NAME OF HUSBAND OR WIFE Elizabeth West
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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'S SIGNATURE OR NAME Elizabeth West	ADDRESS Mo Galesburg
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Asthma		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/9/48, 19 to 1/3/51, 19, that I last saw the deceased alive on 1/2/51, 19, and that death occurred at 3:A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.O. 2	23b. ADDRESS Alba, Missouri	23c. DATE SIGNED 1/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-5-51	24c. NAME OF CEMETERY OR CREMATORY Forest Park	24d. LOCATION (City, town, or county) (State) Joplin Mo.
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DATE REC'D BY LOCAL REG. Jan 17-51	REGISTRAR'S SIGNATURE S.L. White	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker	ADDRESS Joplin, Missouri
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 1-16-51
Jasper County Health Office

County File Number 51-1-3

Date Filed 1-16-51

JAN 19 1951

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin, 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.