

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9277
Registrar's No. 13

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5754

0630
1

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dry Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dry Creek</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>E.</u>	c. (Last) <u>West</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>3</u> <u>26</u> <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/31/1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Days <u>4</u> IF UNDER 2 HRS. Min. <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming, Pet.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Harry S. West</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes C. Allerton</u>	14. NAME OF HUSBAND OR WIFE <u>Pigeon West</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-48-0660</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pigeon West, Dixon, Missouri</u>	ADDRESS
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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 <u>22 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis- Failing Heart</u> DUE TO (c) <u>Senility</u> 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 <u>332 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 3/24, 1951, to 3-26, 1951, that I last saw the deceased alive on 3/26, 1951, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. W. Miley</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Dixon, Mo.</u>	23c. DATE SIGNED <u>3/28/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dixon</u>	24d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-30-51</u>	REGISTRAR'S SIGNATURE <u>Pauline Edwards</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert</u>	ADDRESS <u>Dixon, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 2 1951

RECEIVED

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 _____

March 26, 1951

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Maurice E. Schuerbaum*

Licensed Embalmer No. *4505*

P. O. Address *Dixon, Missouri*

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.