

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>47</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>			c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>			<u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>665 South Clay</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOSEPH</u>		b. (Middle) <u>SHELTON</u>		c. (Last) <u>WEST</u>		
4. DATE OF DEATH		(Month) <u>January</u>		(Day) <u>14</u>		(Year) <u>1952</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>July 9, 1874</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 WEEK Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		11. BIRTHPLACE (State or foreign country) <u>Bates County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John West</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kimberly</u>		14. NAME OF HUSBAND OR WIFE <u>Lois J West</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lois J West, Springfield, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>3-Day</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Resenteric Membranosis</u>	DUE TO (b) <u>Cardio-Renal-Respiratory Disease</u>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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"/>	
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>12-29</u> , 19 <u>51</u> , to <u>1-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>52</u> , and that death occurred at <u>10:22 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>1711 Bonville Springfield Mo</u>			23c. DATE SIGNED <u>1-16-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 17, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dayton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Garden City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1-17-52</u>		REGISTRAR'S SIGNATURE <u>James H. Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>		ADDRESS <u>Springfield, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

396

S. No. 300  
V. 10. 48

Dr. Fitch

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Bernard F Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Vt

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.