

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**16129**

State File No. \_\_\_\_\_

No. 300  
10.48

**FILED JUN 2 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 517

<b>I. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>GREENE</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>GREENE</u>
c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital, Springfield, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2120 W. Brower</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>Solomon</u>	b. (Middle) <u>P.</u>	c. (Last) <u>WEST</u>	(Month) <u>MAY</u>	(Day) <u>25</u>	(Year) <u>1952</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 4, 1893</u>	<b>9. AGE</b> (In years last birthday) <u>58</u>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Benton Co., Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>James West</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Minnie May Wilson</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Beulah M. West</u>
---	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>VA HOSPITAL RECORDS, SPRINGFIELD, MO.</u>	<b>ADDRESS</b>
---	---	---	----------------

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cor Pulmonale</u>		
	<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Asthma, pulmonary</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Emphysema, chronic</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that** <sup>VA</sup> ~~he~~ <sup>she</sup> attended the deceased from May 24, 1952, to May 25, 1952, ~~and that death occurred at 9:25 p.m., from the causes and on the date stated above.~~

<b>23a. SIGNATURE</b> <u>A. J. Wandersant MD</u> (Degree or title)	<b>23b. ADDRESS</b> <u>VA HOSPITAL, SPRINGFIELD, MO.</u>	<b>23c. DATE SIGNED</b> <u>5/26/52</u>
--	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>May 27, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenwood Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bolivar, Missouri</u>
--	--------------------------------------	---	---

<b>DATE REC'D BY LOCAL REG.</b> <u>5-26-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>James A. ... MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>ALMA-LOHMEYER, JEWEL E. WINDLE, MISSOURI</u>	<b>ADDRESS</b> <u>SPRINGFIELD</u>
--	---	---	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

3396  
U

**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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Carl J. Glenn*

Licensed Embalmer No. *4707*

P. O. Address *Springfield, 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.