

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36375**

FILED OCT 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 146

1. PLACE OF DEATH  
a. COUNTY Laclede  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 207 East St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY Laclede  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon  
d. STREET ADDRESS (If rural, give location) 207 East St.

3. NAME OF DECEASED  
a. (First) Jesse  
b. (Middle) J.  
c. (Last) West

4. DATE OF DEATH (Month) (Day) (Year)  
Oct. 11 1953

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 20 1900

9. AGE (In years last birthday) 53  
# UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
# UNDER 10 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Garage

11. BIRTHPLACE (State or foreign country) Camden Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James H. West

13b. MOTHER'S MAIDEN NAME Nina Weddle

14. NAME OF HUSBAND OR WIFE Carrie H. West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. J. West Lebanon Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary thrombosis  
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Recurrent cerebral vascular accidents  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 7 Days

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Lebanon Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None

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 9/30, 1953, to 10/11, 1953, that I last saw the deceased alive on 10-11, 1953, and that death occurred at 3:00A, m., from the causes and on the date stated above.

23. SIGNATURE (Name or title) J. J. West MD

23b. ADDRESS Lebanon Mo

23c. DATE SIGNED 10/13/53

24a. BURIAL, CREMATION REMOVAL (Specify) Burial

24b. DATE 10/14/53

24c. NAME OF CEMETERY OR CREMATORY Lebanon

24d. LOCATION (City, town, or county) (State) Lebanon Mo.

DATE REC'D BY LOCAL REG. 10-14-1953

REGISTRAR'S SIGNATURE Hella L. May

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lebanon Mo

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

OCT 17 1953

Received .....

Macleda County Health Unit

File No. 10-53-149

Date Filed OCT 20 1953

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 L. R. Palmer

Signed.....  
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Channon me

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.