

FILED DEC 14 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 38819

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 423	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>Lifetime</b>		c. CITY OR TOWN <b>Springfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1244 East Bennett</b>				e. STREET ADDRESS (If rural, give location) <b>1244 East Bennett</b> <span style="float: right;">0374 0</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FLOYD</b>		b. (Middle) <b>W.</b>		c. (Last) <b>WEST</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 11 1953</b>	
5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>January 22, 1879</b>	
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cream Separator Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="radio"/> <b>Greene Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Howard West</b>			13b. MOTHER'S MAIDEN NAME <b>Laura Willis</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Gertrude West, Springfield, Mo.</b> ADDRESS _____			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable Coronary Vascular Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <del>the deceased</del> <del>was</del> <del>born</del> <del>on</del> <del>_____</del> , <del>19____</del> , <del>at</del> <del>_____</del> , <del>Missouri</del> , <del>and</del> <del>that</del> <del>death</del> <del>occurred</del> <del>at</del> <del>8:03A</del> <del>m.</del> , <del>from</del> <del>the</del> <del>causes</del> <del>and</del> <del>on</del> <del>the</del> <del>date</del> <del>stated</del> <del>above</del> .							
23a. SIGNATURE <b>Edith Williamson</b> Registrar of Vital Statistics				23b. ADDRESS <b>Greene County Court House, Springfield, Missouri</b>		23c. DATE SIGNED <b>12/12/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-13-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>12/12/53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma Schmeier, Springfield, Mo.</b> ADDRESS _____			

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

DEC 29 1953

JAN 26 1954

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.....  
Signature of Student Embalmer

Signed *Carl J. Glavin*

Licensed Embalmer No. 4707

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.