

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3602

39548

State File No.

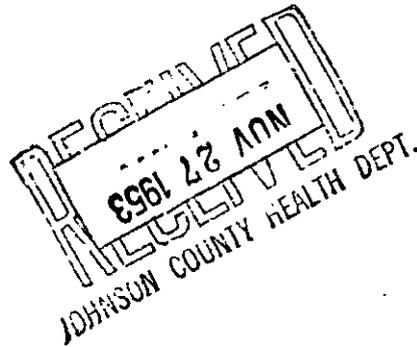
FILED NOV 30 1953

REG. DIST. NO. ¹⁶⁵ 6-602 PRIMARY REG. DIST. NO. ¹⁶⁵ Registrar's No. ²¹

0510

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Chilhowee		c. LENGTH OF STAY (In this place) 1 1/2	
c. CITY (If outside corporate limits, write RURAL and give township) Rural Chilhowee		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) James c. (Last) West			4. DATE OF DEATH (Month) (Day) (Year) 11 22 53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1885
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 8 Days 9 Hours 0 Mins. 0	11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jasper West		13b. MOTHER'S MAIDEN NAME Mary Jane Duke	
14. NAME OF HUSBAND OR WIFE Osie Stansberry West		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Osie West, Chilhowee, Missouri	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day 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. Emphysema - Bronchectasis - Pulmonary Fibrosis		3 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 June, 1952 , to 11-22, 1953 , that I last saw the deceased alive on 11-21, 1953 , and that death occurred at 10 A m., from the causes and on the date stated above.			
23a. SIGNATURE R. Lee Cooper M.D.		23b. ADDRESS Warrensburg, Mo.	
23c. DATE SIGNED 11-23-53		23d. NAME OF CEMETERY OR CREMATORY Carpenter	
23e. LOCATION (City, town, or county) (State) Chilhowee, Mo.		23f. DATE REC'D BY LOCAL REG. 11-25-53	
REGISTRAR'S SIGNATURE Mame D. Hoskins		25. FUNERAL DIRECTOR'S SIGNATURE Cook Funeral Home, Chilhowee, Mo.	
ADDRESS		ADDRESS	



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

Student Embalmer

Signed _____

J. W. Cook

Licensed Embalmer No. 1335

P. O. Address Chilhowee, 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.