

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

8337

State File No.

No. 300
10.48

390
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FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5459 Registrar's No. 361

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

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>Rural Center Twsp</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>	c. CITY OR TOWN <u>Bois D' Arc</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Bois D, Arc</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Route 1</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>LEWIS</u>	b. (Middle) <u>E.</u>		c. (Last) <u>WEST</u>		
April			6 1954		

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>April 19, 1876</u>	9. AGE (In years last birthday) <u>77</u>	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) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greene Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>West</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane</u>		14. NAME OF HUSBAND OR WIFE <u>Etta Mae West</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Etta Mae West</u> <u>Bois D' Arc, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	19. MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	(b) <u>Hyper-tension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
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 <u>331 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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, 1953, to April, 1954, that I last saw the deceased alive on 6 April, 1954, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Karl J. Leindinger, Jr. M.D.</u>		23b. ADDRESS <u>Republic, Mo.</u>		23c. DATE SIGNED <u>4-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/8/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West of Springfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-8-54</u>	REGISTRAR'S SIGNATURE <u>Etta Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jewell E. Ekinde</u> <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Glenn C. Hunter*

Licensed Embalmer No. *473*

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.