FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36874

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4132 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gower
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): Accident on Hiway 169

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: ~~Buchanan~~ Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Rural Platte~~ Gower
d. STREET ADDRESS (If rural, give location): R.R. #1

3. NAME OF DECEASED (Type or Print): a. (First) Bobbie b. (Middle) Lee c. (Last) West
4. DATE OF DEATH (Month) (Day) (Year): Nov 11/11/1954
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 10/3/1936
9. AGE (In years last birthday): 18 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Edgerton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Allen West
13b. MOTHER'S MAIDEN NAME: Christine Thomason
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Allen West. ADDRESS: Edgerton, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Contusion & laceration — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) trauma to head — 30 min
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Scalp laceration & face — 30 min

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 169
21c. (CITY, TOWN, OR TOWNSHIP) GOWER (COUNTY) Clinton (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 13 54 9:45 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile

22. *I hereby certify that I attended the deceased from* Nov. 11, 1954, *to* Nov. 11, 1954, *that I last saw the deceased alive on* Nov 11, 1954 *and that death occurred at* 10 1/2 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: John R. McKay (Degree or title) M.D.
23b. ADDRESS: Plattsburg, Mo.
23c. DATE SIGNED: Nov. 13, 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/14/1954
24c. NAME OF CEMETERY OR CREMATORY: Hebron Cemetery
24d. LOCATION (City, town, or county) (State): Gower, Missouri

DATE REC'D BY LOCAL REG.: Nov-15-54
REGISTRAR'S SIGNATURE: Elizabeth Searcel 471-2
25. FUNERAL DIRECTOR'S SIGNATURE: Rollins-Nash, Edgerton, Mo. ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 2 1964

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 H. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address S. C. Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.