

No. 300
10.48

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39910

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>TX</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Rural Sherrell</u>		c. CITY OR TOWN <u>Maples</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>1621 N. E. of Licking Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vera</u> b. (Middle) <u>West</u> c. (Last) <u>West</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21, 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 23, 1907</u>
9. AGE (In years last birthday) <u>47</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Licking Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Lou Kelley</u>	
14. NAME OF HUSBAND OR WIFE <u>Lloyd West</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, specify town) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd West</u>		ADDRESS <u>Licking Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & pulmonary arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma atheros</u> DUE TO (c) <u>Carcinoma of the bone</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Wide spread metastases</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1960 X</u>	
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) (Min)		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 <u>Jan</u> , 1954, to <u>Nov 20</u> , 1954, that I last saw the deceased alive on <u>Nov 20</u> , 1954, and that death occurred at <u>4:20 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. J. Myers DO</u>		23b. ADDRESS <u>Licking, Mo.</u>	
23c. DATE SIGNED <u>12-1-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 22, 54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 1, 1954</u>		REGISTRAR'S SIGNATURE <u>Elnora Nessee</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u>		ADDRESS <u>Licking Mo</u>	

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

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 *Eubank Ferguson*

Licensed Embalmer No. *394*

P. O. Address *Leckburg*

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.