

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40120**

FILED DEC 27 1954

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 352	
1. PLACE OF DEATH a. COUNTY BOONE COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONTGOMERY			
b. CITY OR TOWN COLUMBIA, Mo		c. LENGTH OF STAY (in this place) 106 DAYS		c. CITY OR TOWN MIDDLETOWN		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 ELLIS FISCHER STATE CANCER HOSPITAL				e. STREET ADDRESS (If rural, give location) 0700			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MARIE c. (Last) WEST			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 25, 1954				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 22, 1905	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (in years last birthday) 49		IF UNDER 1 YEAR Months 9 Days 3	
11. BIRTHPLACE (City and State or Foreign Country) MIDDLETOWN, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME F. W. PLETTENBURG			13b. MOTHER'S MAIDEN NAME MAUDE HICKERSON		14. NAME OF HUSBAND OR WIFE CECIL D. WEST		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis ANTECEDENT CAUSES abdominal carcinomatosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Ovary DUE TO (c) myocardial edema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 6 mos 1 1/2 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 175X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 I attended the deceased from Sept 10, 1954 , to Dec 25, 1954 , that I last saw the deceased alive on Dec 25, 1954 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. R. Dirrman, M.D.				23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 12/25/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 25 54		24c. NAME OF CEMETERY OR CREMATORY Middletown, Mo		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. Dec 25 1954		REGISTRAR'S SIGNATURE Mrs. R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE A B Bell		ADDRESS Middletown Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48.

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 *A. B. Hells*

Licensed Embalmer No. *158*

P. O. Address *Hellsvale*

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.