

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 20

1. PLACE OF DEATH  
a. COUNTY Lawrence 0551  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett  
c. LENGTH OF STAY (In hospital) 5 months  
d. FULL NAME OF HOSPITAL OR INSTITUTION 901 Scyamore

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN Monett, Mo. d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 901 Scyamore 0551

3. NAME OF DECEASED (Type or Print)  
a. (First) William b. (Middle) Hardin c. (Last) West, Sr. 4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Aug. 3, 1870 9. AGE (In years) (Last birthday) 84 IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rawleigh Dealer 10b. KIND OF BUSINESS OR INDUSTRY Salesman 11. BIRTHPLACE (City and State or Foreign Country) Mercer County Kentucky 12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Moses Q. West 13b. MOTHER'S MAIDEN NAME Martha Ann Brinton 14. NAME OF HUSBAND OR WIFE Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Margaret Branaman ADDRESS 901 Scyamore

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Greenwater of lung  
ANTECEDENT CAUSES \_\_\_\_\_  
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) \_\_\_\_\_  
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.  
\_\_\_\_\_

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan 3 1955 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 6-14 1954, to Jan 3, 1955, that I last saw the deceased alive on 11-25, 1954, and that death occurred at 4:35A m., from the causes and on the date stated above.

23a. SIGNATURE Roger P. Doolittle M.D. (Degree or title) 23b. ADDRESS Monett, Mo 23c. DATE SIGNED Jan 3, 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5 Jan. 1955 24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery 24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 1-5-55 REGISTRAR'S SIGNATURE Mr. P. N. Cook 487 25. FUNERAL DIRECTOR'S SIGNATURE Frank C. Thome ADDRESS Springfield, Missouri

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 155-169

DATE REC. 1-10-55

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

*Ralph H. Linn*

Licensed Embalmer No. 3641

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.