

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1732

BIRTH NO.		REG. DIST. NO. 200	PRIMARY REG. DIST. NO. 4316	Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give town or township) New Cambria		c. CITY (If outside corporate limits, write RURAL and give township) New Cambria 0610			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) ----- 0			
3. NAME OF DECEASED (Type or Print) Charley Owen West		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1955	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8, 1871	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 8 Days 15 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical doctor	10b. KIND OF BUSINESS OR INDUSTRY General practice		11. BIRTHPLACE (State or foreign country) Westville, Chariton Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Shelton, West		13b. MOTHER'S MAIDEN NAME Mahulda Ann Haigler		14. NAME OF HUSBAND OR WIFE Alta Mabel Sears	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Alta M. West, New Cambria, Mo.		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)		4200	
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 190 to 19, that I last saw the deceased alive on 1/23, 1955, and that death occurred at 10 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) James E. Campbell, M.D.		23b. ADDRESS Mason, Mo.		23c. DATE SIGNED 1/25/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE I-26-55	24c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetery	24d. LOCATION (City, town, or county) (State) New Cambria, Mo.		
DATE REC'D BY LOCAL REG. 1/26/55	REGISTRAR'S SIGNATURE Ruth M. Vealey 185	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS F. G. Killland, New Cambria, Mo.			

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

RECEIVED 2-2-55
MACON COUNTY HEALTH DEPARTMENT
County File No. 2-55-15
Date Filed 2-3-55

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.

Signed H. J. Hillland

Signed _____
Student Embalmer

Licensed Embalmer No. 4017

P. O. Address New Cambria, Mo.

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