

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35766

State File No.

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>5 Mo 4 days</u>		c. CITY OR TOWN <u>Everton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Male Hosp. No 3</u>				e. STREET ADDRESS (If rural, give location) <u>(Not known) R.F. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Debie</u>		b. (Middle) _____		c. (Last) <u>WEST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. - 13 - 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 11 - 1889</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	
11a. FATHER'S NAME <u>Wm L. Pringle</u>		11b. MOTHER'S MAIDEN NAME <u>Louisa Harshbarger</u>		11c. NAME OF HUSBAND OR WIFE <u>(Three) Name Not Given</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Unknown</u>		14. SOCIAL SECURITY NO. <u>None</u>		15. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hosp. Records - Nevada Mo.</u>			
16. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arterio-Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 Mos.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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. <u>Central Nervous System Syphilis</u>				17. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18a. DATE OF OPERATION <u>None</u>		18b. MAJOR FINDINGS OF OPERATION <u>None</u>				19. DATE SIGNED <u>10/13/55</u>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		21. HOW DID INJURY OCCUR? <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> WHILE NOT AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>5-9</u> , 19 <u>55</u> , to <u>Oct 13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 13</u> , 19 <u>55</u> , and that death occurred at <u>2:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Shirley Rogers M.D.</u>		23b. ADDRESS <u>1201 West Nevada Mo</u>		23c. DATE SIGNED <u>10/13/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 13, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Everton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-15-55</u>		REGISTRAR'S SIGNATURE <u>Anna G. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burch Funeral Home</u>		ADDRESS <u>Ash Grove, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1935

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 *Francis C. Hyland*.....

Licensed Embalmer No. *4973*

P. O. Address *Nevada*.....

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.