

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **368**

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 13 days	c. CITY OR TOWN Winston
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0310 1	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) HARMON	c. (Last) WEST	4. DATE OF DEATH (Month) (Day) (Year) February 2, 1956
-------------------------------------	---------------------------	---------------------------	-----------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 3, 1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior decorator		10b. KIND OF BUSINESS OR INDUSTRY Paint Co.	11. BIRTHPLACE (City, and State or Foreign Country) DeKalb County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Alee West	13b. MOTHER'S MAIDEN NAME Kathryn Dailey	14. NAME OF HUSBAND OR WIFE Florence West
-------------------------------------	---	--

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. 493-18-9812	17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence West, Winston, Missouri	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronch - pneumonia		
	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.			

19a. DATE OF OPERATION 2/26/56	19b. MAJOR FINDINGS OF OPERATION Ruptured appendix - 5:50	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)	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 **Jan 20**, 19**56**, to **Feb 2**, 19**56**, that I last saw the deceased alive on **Feb 2**, 19**56**, and that death occurred at **8:05p. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS 420 N. 8th St., City	23c. DATE SIGNED 2/3/56
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/3/1956	24c. NAME OF CEMETERY OR CREMATORY Winston, Missouri	24d. LOCATION (City, town, or county) (State)
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. Feb 7, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison 485	25 FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman St Joseph Mo	ADDRESS
---	--	---	---------

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

All For given

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.....
Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *19th St. N.Y.*

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.