

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4184**

FILED MAR 11 1957

BIRTH NO. 5930-57 REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4468 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) Maysville	c. LENGTH OF STAY (in this place) 17 Hrs	c. CITY OR TOWN Maysville	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 Dr. Fowler Office		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) MARCIA	b. (Middle) LYNN	c. (Last) WEST	4. DATE OF DEATH (Month) (Day) (Year) Mar 2 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Mar 1 1957
9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Maysville Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Harry West	13b. MOTHER'S MAIDEN NAME Leora Horseman	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME Harry West	ADDRESS Maysville Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 19 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown	DUPLICATE OF ORIGINAL	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Congenital Circulatory Anomaly		
	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	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) 7524 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/1, 1957, to 3/2, 1957, that I last saw the deceased alive on 3/2, 1957, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. Gerald Fowler M.D.	23b. ADDRESS Maysville Missouri	23c. DATE SIGNED 3/2-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/3/57	24c. NAME OF CEMETERY OR CREMATORY Clarksdale	24d. LOCATION (City, town, or county) (State) Clarksdale Missouri
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DATE REC'D BY LOCAL REG. 3-5-57	REGISTRAR'S SIGNATURE Kesner Davidson	25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME	ADDRESS MAYSVILLE MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

82

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



G. T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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