

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16431**

FILED JUN 3 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 304 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>317 N. Sloan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>317 N. Sloan</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>West</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 29, 1903</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Domestic Service</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic Service</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Anthony Anderson</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Marshall</u>	14. NAME OF HUSBAND OR WIFE <u>Earl West</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (X) <u>No</u> or, unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>500-12-2251</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl West</u> ADDRESS <u>Carrollton, Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5-25-57</u> <u>One day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>	DUE TO (b) <u>Coronary Arteriosclerosis</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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"/>
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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)
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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 5-28, 1957, to 5-28, 1957, that I last saw the deceased alive on 5-28, 1957, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23. SIGNATURE <u>Earl West</u> (Degree or title)	23b. ADDRESS <u>4201</u>	23c. DATE SIGNED <u>5-28-57</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	24b. DATE <u>5/31/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>African Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/29/57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley &amp; Gibson</u> ADDRESS <u>Carrollton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*J. J. Gibson*

Signed *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.