

FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28699

BIRTH NO.		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 205-	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 1 wk.		c. CITY OR TOWN Chillicothe		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Susan's Nursing Home				STREET ADDRESS (If rural, give location) Leeper hotel. 05-920			
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) DOUGLAS c. (Last) WEST			4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1957				
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 24 1869		9. AGE (in years last birthday) 88	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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Furniture fact.		11. BIRTHPLACE (City and State or Foreign Country) / Cookville, Tenn		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Francis West		13b. MOTHER'S MAIDEN NAME Elizabeth Harpole		14. NAME OF HUSBAND OR WIFE xx			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no xx		16. SOCIAL SECURITY NO. 487-14-4822		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.L. O'Connor, Huntsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Direct blow to head following a fall DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9005				INTERVAL BETWEEN ONSET AND DEATH 17 days 17 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 21				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) Chillicothe (COUNTY) Livingston (STATE) MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30 1957, 9c. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Apparently became dizzy and fell down stairway. May have had a "stroke" before falling.			
22. I hereby certify that I attended the deceased from Aug 9, 1957, to Aug 15, 1957, that I last saw the deceased alive on Aug 14, 1957, and that death occurred at 6:30P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William L. Fair, M.D.				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED 8/16/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug. 16, 1957	24c. NAME OF CEMETERY OR CREMATORY Galt Cemetery		24d. LOCATION (City, town, or county) (State) Galt, Mo.		
DATE REC'D BY LOCAL REG. 8/16/57		REGISTRAR'S SIGNATURE Francis A. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Gordon, Chillicothe, Mo.			

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

17/0

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 *Ronald G. Gass*.....

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe*

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.