

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1113

FILED FEB 3 1958

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 67

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| 1. PLACE OF DEATH a. COUNTY Howell | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains | | c. CITY OR TOWN West Plains 046 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence | | d. STREET ADDRESS (If outside, give location) Lanton Road | |
| Length of stay in lb 7 yrs | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|------------------------|---------------------|----------------------|-------------------|---------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First ANNA | Middle HELLE | Last WEST | Month Jan. | Day 20, | Year 1958 |

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|-------------------------|----------------------------------|---|---|--|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 6, 1890 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|-------------------------|----------------------------------|---|---|--|---------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker & Clerk | 10b. KIND OF BUSINESS OR INDUSTRY bakery | 11. BIRTHPLACE (City and state or country) Bagnell, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Wm. Thomas Nivens | 13b. MOTHER'S MAIDEN NAME Maggie Vane | 14. NAME OF HUSBAND OR WIFE George E. West |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | 16. SOCIAL SECURITY NO. 497-32-8752 | 17. INFORMANT George E. West, Address Lanton Road W.Plains, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>10 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Cerebral arteriosclerosis</u> | |
| | DUE TO (c) <u>332XF</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of hip 6 mos.</u> | | 19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|---|---|--|------------------------------|--------|-------|

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| 21. I attended the deceased from <u>Aug. 57</u> to <u>Jan 20, 58</u> and last saw her alive on <u>1/18/58</u> Death occurred at <u>4:15 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>M. L. Fowler</u> (Degree or title) <u>MD</u> | 22b. ADDRESS <u>West Plains, Mo.</u> | 22c. DATE SIGNED <u>1/27/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Jan. 22, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem. | 23d. LOCATION (City, town, or county) West Plains, Mo. |
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| 24. FUNERAL DIRECTOR <u>Hal Thornburgh</u> | ADDRESS THORNBURGH FUNERAL HOME WEST PLAINS, MO. | 25. DATE RECD. BY LOCAL REG. <u>1-29-58</u> | 26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in their reports. No symptoms or signs to be recorded. All diseases in Part I must be causally related.

FEB 5 1958

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, ~~_____~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Hal Thornburgh*.....

Licensed Embalmer No. 3408
THORNBURGH FUNERAL HOME
P. O. Address WEST PLAINS, 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.