

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008441
State File No.

FILED FEB 17 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or city) <u>St. Louis Normandy</u>	c. LENGTH OF STAY (in this place) <u>37 days</u>	c. CITY OR TOWN <u>Pacific</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Box 34</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>	b. (Middle)	c. (Last) <u>West</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 3 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 15 1879</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Rueben Crayton</u>	13b. MOTHER'S MAIDEN NAME <u>Luey Ann Henry</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel K. West</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Christine Cleveland (daur)</u>	ADDRESS <u>Pacific Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia.</u>			<u>1 hr</u>
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Prolonged obstruction.</u>		<u>no</u>
	DUE TO (c) <u>Cerebrovascular Accident</u>		<u>38 days</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Senility & Neuroschiasis</u>			<u>7-0</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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)	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 Dec 27 1957, to Feb 3 1958, that I last saw the deceased alive on Feb 2 1958, and that death occurred at 11:15 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>William D. M. Jones</u>	(Degree or title) <u>D.M.</u>	23b. ADDRESS <u>3301 Ashby Rd St Ann Mo</u>	23c. DATE SIGNED <u>2/3/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb 6 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strausberg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/4/58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Howard L. Shuber</u>	ADDRESS <u>Pacific Mo.</u>
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No. 300
10.48
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAP 28 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, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph Altmann*

Licensed Embalmer No. *4808*

P. O. Address *Union, 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.