

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001924

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 11

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Mayview MO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schleicher Home</u> Length of stay in 1b <u>24 hrs</u> | | d. STREET ADDRESS (If outside, give location) <u>6 mi South of Mayview</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>LAURA</u> Last <u>WEST</u> | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>3</u> Year <u>1959</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>OCT. 27, 1880</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 9b. KIND OF BUSINESS OR INDUSTRY | 9c. AGE (In years last birthday) <u>78</u> | 9d. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10. BIRTHPLACE (City and state or country) <u>Mayview MO, U.S.A.</u> | | 11. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>William F. Moore</u> | | 14. MOTHER'S MAIDEN NAME <u>Lydia Etherton</u> | |
| 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 Name <u>Frank Moore</u> Address <u>Mayview MO</u> | |
| 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>Decubiti (infected) Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senility</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> |
| 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.) | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. CITY, TOWN, OR LOCATION | COUNTY | STATE | |
| 21. I attended the deceased from <u>2-2-59</u> to <u>2-3-59</u> and last saw <u>her</u> alive on <u>2-2-59</u> Death occurred at <u>11:27 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Wilton E. F. Johnson Jr. D.</u> | | 22b. ADDRESS <u>12 W 19th Higginsville MO</u> | 22c. DATE SIGNED <u>2-3-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>Feb 5 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Marvin Chapel</u> | 23d. LOCATION (City, town, or county) (State) <u>Mayview MO</u> |
| 24. FUNERAL DIRECTOR <u>Husman - Sparks</u> | ADDRESS <u>Sparks, Cedar, MO</u> | 25. DATE RECD. BY LOCAL REG. <u>Feb. 5. 1959</u> | 26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u> |

Disposes in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William T. Sparks*

Licensed Embalmer No. *4*

P. O. Address *Wes*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.