

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002142

STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ELDON</u> <u>0661</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>507 N-VERNON- DR.</u>		Length of stay in lb <u>5 mo</u>	d. STREET ADDRESS (If outside, give location) <u>507-N-VERNON- Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARA - ANN West</u>			4. DATE OF DEATH Month Day Year <u>JAN- 7 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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>29 June 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT-Home</u>	11. BIRTHPLACE (City and state or country) <u>IOWA - U.S.A.</u>
13a. FATHER'S NAME <u>ELLIOTT-CROSS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTH-FANE-</u>	14. NAME OF HUSBAND OR WIFE <u>Geo-Newton-West</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Stella-Sandfort-</u> Address <u>ELDON-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>Courtesy thrombosis</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) _____			INTERVAL BETWEEN ONSET AND DEATH <u>10 mo.</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.) <u>NONE</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>None</u>			
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>None</u>
21. I attended the deceased from Death occurred at <u>1/6/59</u> to <u>1/7/59</u> and last saw her alive on <u>1/7/59</u> <u>11 40 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Gott. E. Murrell D.O.</u>		22b. ADDRESS <u>ELDON MO</u>	22c. DATE SIGNED <u>9 JAN-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>	23b. DATE <u>10 JAN-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEWTON</u>	23d. LOCATION (City, town, or county) <u>NEVADA - MO</u>
24. FUNERAL DIRECTOR <u>Keith Mays</u> ADDRESS <u>ELDON MO</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 10, 59</u>	26. REGISTRAR'S SIGNATURE <u>Alveretta Wall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service  
61  
300  
-57  
1  
Doctor, coroner, etc. must use only standard nomenclature for item 18. No symptoms when observed.  
All diseases in Part I must be causally related.

Embalmer County  
Health Department

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 *Keith M. Kays* .....  
Licensed Embalmer No. *3998* .....  
P. O. Address *Eldon 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.