

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010158
State File No.

FILED APR 7 1959

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>207</u> | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. <u>9</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>MARIES</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL Jefferson</u> | | c. LENGTH OF STAY (in this place) <u>lifetime</u> | | c. CITY OR TOWN <u>RURAL</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home, on H-H South of Belle mo</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Highway H South of Belle Mo</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Jefferson</u> | | b. (Middle) _____ | | c. (Last) <u>WEST</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27 1959</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>3/3/1895</u> | |
| 9. AGE (In years last birthday) <u>64</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Grove Dale mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>William West</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth SKAGGS</u> | | 14. NAME OF HUSBAND OR WIFE <u>Betha West</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | | 16. SOCIAL SECURITY NO. <u>W.W. # 1 488-12-1217</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Betha West Belle mo</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Penetration of heart & chest</u> ANTECEDENT CAUSES <u>Accidental Gun shot wound</u> DUE TO (b) _____ DUE TO (c) _____ MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 9190 19 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Gun shop AT Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Belle Maries Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>March 3, 1959 3:27 am</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Accidentally discharged Firearm</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>9/17, 1954</u> to <u>13/27, 1959</u> , that I last saw the deceased alive on <u>3/26, 1959</u> , and that death occurred at <u>3:30 am.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. H. Schouhah</u> | | | | 23b. ADDRESS <u>Belle, Mo</u> | | 23c. DATE SIGNED <u>3/28/59</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/30/59</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Shaggs Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>near Belle mo</u> | |
| DATE REC'D BY LOCAL REG. <u>March 31 59</u> | | REGISTRAR'S SIGNATURE <u>Myrtle Hutchison</u> | | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. J. J. Jones Belle mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

VS APR 1959

APR 30 1959

VS APR 8 1959

MS DEC 29 1950

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 *Orin A Jones*

Licensed Embalmer No. *4411*

P. O. Address *Bell Sm.*

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.