

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034956

FILED VS SEP 16 1959 956

STATE FILE NUMBER

Registration District No. 956 Primary Registration District No. 4521 Registrar's No. 69

ENDED

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Licking</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Licking</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Texas Co. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>West of Licking Mo</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ben matt West</u>		4. DATE OF DEATH Month Day Year <u>Aug 23, 1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-25-1894</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Licking Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Sam West</u>	
13b. MOTHER'S MAIDEN NAME <input checked="" type="checkbox"/>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT <u>Virginia Lingua St Louis Mo</u>		Address	
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>Acute + Extensive Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerotic Coronary artery</u> DUE TO (c) <u>Disease of Coronary insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>Aug 23, 1959 (11:00 AM)</u> to <u>Aug 23, 1959 (4:00 AM)</u> and last saw him live on <u>Aug 23, 1959</u> Death occurred at <u>4:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. J. Durmo, M.D.</u> (Degree or title)		22b. ADDRESS <u>Houston, Mo.</u>	
22c. DATE SIGNED <u>8/26/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8/26/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Licking Co</u>	23d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>
24. FUNERAL DIRECTOR <u>Smith-Liquori Licking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 10-59</u>	26. REGISTRAR'S SIGNATURE <u>Muriel Craig</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking

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.