URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959

59-041462

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 468

ENDED

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bonne Terre Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Elvins — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R. # 1 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Della Middle Last West

4. DATE OF DEATH Month Day Year December 7, 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/25/1899
9. AGE (last birthday) 60 — 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) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Public schools
11. BIRTHPLACE (City and state or country) Doe Run, Missouri
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME William Rosenstengel
13b. MOTHER'S MAIDEN NAME Jennie Gamblin
14. NAME OF HUSBAND OR WIFE Leslie L. West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Leslie L. West Address Elvins, Mo., R # 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Concinnamatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cu of Ovary
DUE TO (c)
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Aug 29 59, to Dec 7 59 and last saw her alive on Dec 7-59
Death occurred at 4 50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C H Appleberry MD
22b. ADDRESS Kennemines MO
22c. DATE SIGNED 12-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/10/59
23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery
23d. LOCATION (City, town, or county) (State) Doe Run, Missouri

24. FUNERAL DIRECTOR Miller Funeral Home ADDRESS Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 9, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US DEC 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4120

P. O. Address Farmington

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