URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1960

'59 043534
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. ____ Registrar's No. 623

ENDED

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PoplarBluff, Township. Length of stay in 1b 32Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Harville Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route One Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Sam Middle Last West
4. DATE OF DEATH Month 12 Day 10 Year 1959
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10/11/1876
9. AGE (last birthday) 83
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) Farming
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) NewPort, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry West
13b. MOTHER'S MAIDEN NAME Manervia Dupius
14. NAME OF HUSBAND OR WIFE Deceased
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. None
17. INFORMANT Mr. Steve West, Address Newport, Ark.

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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 Years
DUE TO (c) Advanced Age
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 Jan. 23, 1959, to Dec. 10, 1959 and last saw him alive on Dec. 5, 1959
Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Smith (Degree or title) D.O.
22b. ADDRESS Naylor, Mo.
22c. DATE SIGNED 12-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 12/13/1959.
23c. NAME OF CEMETERY OR CREMATORY Plesant Grove
23d. LOCATION (City, town, or county) Harville (State) Mo.

24. FUNERAL DIRECTOR Peoples — ADDRESS Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG. 12/28/59
26. REGISTRAR'S SIGNATURE W. Muehlee

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston

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