URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960

60-005959
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 212

NDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 6 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Greene
c. CITY OR TOWN Rural — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Strafford R.F.D. #2 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HERBERT Middle LEROY Last WEST
4. DATE OF DEATH Month February Day 19 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/27/1914
9. AGE (last birthday) 45
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) Heavy Duty Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Dam construction
11. BIRTHPLACE (City and state or country) Leslie, Arkansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Leonard West
13b. MOTHER'S MAIDEN NAME Melva Cain
14. NAME OF HUSBAND OR WIFE Opal West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. 2
16. SOCIAL SECURITY NO. 375-07-2713
17. INFORMANT Opal West, Address R.F.D. # 2, Strafford, Missouri

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) Bronchogenic carcinoma, right pneumonectomy with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
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)
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 10/22/59, to 2/19/60 and last saw ~~him~~ him alive on 2/19/60
Death occurred at 7:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Polk MD (Degree or title)
22b. ADDRESS 604 Medical Arts Bldg. Springfield, Missouri
22c. DATE SIGNED 2/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/22/1960
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Misouri

24. FUNERAL DIRECTOR Ralph Thieme, ADDRESS 1200 Boonville Avenue Springfield, Missouri
25. DATE RECD. BY LOCAL REG. 2-24-60
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 25 1960

FEB 29 1

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_____
Signature of Student Embalmer

Signed Harold Futrel

Licensed Embalmer No. 507

P. O. Address Spfd., M

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