

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED FILED VS FEB 7 1961 Registration District No. 291 Primary Registration District No. Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>PUTNAM</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PUTNAM</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL - ELM TWP</b>		Length of stay in 1b <b>6 Wks</b>		c. CITY OR TOWN <b>RURAL - ELM TWP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>UNIONVILLE</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>UNIONVILLE</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>LILLIE E West</b>				4. DATE OF DEATH Month Day Year <b>FEB. 2 - 1961</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-4-42</b>	9. AGE (last birthday) <b>98</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or country) <b>DALLIS TEX</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>UNC</b>			13b. MOTHER'S MAIDEN NAME <b>TRIPPETT</b>			14. NAME OF HUSBAND OR WIFE <b>DAVE WEST</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>Bill West Cincinnati, LA</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic degenerative disease of the heart</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>myocardial infarction</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Senility</b> 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>June 6-1957</b> to <b>Feb 2-61</b> and last saw her alive on <b>Feb 2-61</b> . Death occurred at <b>9:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <b>Max L. Gaddis</b>				22b. ADDRESS <b>Unionville Mo</b>		22c. DATE SIGNED <b>2/3/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B.</b>		23b. DATE <b>2-5-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FRIENDSHIP CEM</b>		23d. LOCATION (City, town, or county) (State) <b>PUTNAM CO MO</b>	
24. FUNERAL DIRECTOR <b>F.O. Husted</b>				ADDRESS <b>UNIONVILLE MO</b>		25. DATE RECD. BY LOCAL REG. <b>2-4-61</b>	
26. REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>							

DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
ITEM NO.

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 Murd E. Husted

Licensed Embalmer No. 3304

P. O. Address Winnerville

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.