

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028980

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 7910

FILED SEP 5 1961

DATE AMENDED

9/27/61

INSTEAD OF

Massive pulmonary embolism causing complete obstruction at the neck of the bladder

ITEM NO. SHOULD READ

18a Massive thrombi in the lungs
Benign prostatic hyperplasia causing complete obstruction at the neck of the bladder

BY AFFIDAVIT of attending physician

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CEDAR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD, MO</u>		Length of stay in lb <u>10 DAYS</u>	c. CITY OR TOWN <u>FAIR PLAY</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST JOHN'S HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RT 2 S. W. FAIR PLAY, MO</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ELVIS</u> Middle <u>HARLEN</u> Last <u>WEST</u>		4. DATE OF DEATH Month <u>AUGUST</u> Day <u>21</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 2, 1903</u>
9. AGE (last birthday) <u>57</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>CEDAR COUNTY, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John West</u>	
13b. MOTHER'S MAIDEN NAME <u>NORA GOYBORD</u>		14. NAME OF HUSBAND OR WIFE <u>CLEMA WEST</u>	
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. _____	
17. INFORMANT <u>MAX WEST</u>		Address <u>RT 2, FAIR PLAY, MO</u>	
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>Massive Pulmonary Embolism</u> thrombi in the lungs DUE TO (b) <u>Supraventricular</u> Benign prostatic hyperplasia causing complete obstruction at the bladder neck DUE TO (c) <u>8/22/61</u> 8/12/61			INTERVAL BETWEEN ONSET AND DEATH <u>8-22-61</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>WEST OF FAIR PLAY</u> COUNTY _____ STATE _____	
21. I attended the deceased from <u>8-10-61</u> to <u>8-22-61</u> and last saw her alive on <u>8-22-61</u> Death occurred at <u>8:13 8:22 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Walter Samuel M.D.</u> (Degree or title)		22b. ADDRESS <u>605 Cherry St. S.W.</u>	
22c. DATE SIGNED <u>8-23-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/24/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LINDLEY PRAIRIE</u>	23d. LOCATION (City, town, or county) <u>WEST OF FAIR PLAY</u> MO
24. FUNERAL DIRECTOR <u>Paul D Butler Bolivar, mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>8-23-61</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Meeton</u>

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 Brie M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield,

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.