

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020713

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 991
FILED MAY 22 1963

STATE FILE NUMBER

VS 300
 Rev. 4/59
 1 0581
 2 0580
 3
 4 1
 5 1
 6
 7 1
 8 2
 9 170X
 10
 11
 12 f-p
 13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) Marceline		Length of stay in lb One Week	c. CITY OR TOWN Bucklin
c. FULL NAME OF (IF NOT in hospital, give location) St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Bucklin
3. NAME OF DECEASED First Nellie Middle Houston Last West			4. DATE OF DEATH Month May Day 13 Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND-OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 66
11. BIRTHPLACE (City and state or country) Mount Pleasant, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Houston		13b. MOTHER'S MAIDEN NAME Katie Manlove	14. NAME OF HUSBAND OR WIFE Willie West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Mr. Willie West, Bucklin, Missouri
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pleural Effusion & Collapse of Lung DUE TO (b) metastatic Carcinoma of Breast DUE TO (c) Carcinoma of Breast, Prim			INTERVAL BETWEEN ONSET AND DEATH 6 wks 5-6 yrs
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. MINYON D. WELLS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 COUNTY _____ STATE _____	
21. I attended the deceased from 1960 to 1963 and last saw ^{her} him alive on 5/12/63 Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Stennor A. Homer, MD		22b. ADDRESS Marceline, Mo	22c. DATE SIGNED 5/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Bucklin Masonic Cemetery
24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo.		23d. LOCATION (City, town, or county) Bucklin, Missouri	25. DATE RECD. BY LOCAL REG. May 13, 1963
26. REGISTRAR'S SIGNATURE Archie Watson			

333

333

MAY 23 1963

St. Thomas Hospital

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,

X or by Larry D. Vobornik Student Embalmer No. 669

working under my personal supervision.

Student Larry D. Vobornik
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.