

MAY 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15948**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. <b>77</b>   |  | PRIMARY REG. DIST. NO. <b>3016</b>   |  | Registrar's No. <b>118</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Jefferson City</b>   |  | c. LENGTH OF STAY (in this place)<br><b>3 days</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural</b>   |  | <b>02600</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Marys Hospital</b>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>Rd. 1 - Eugene, Mo.</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Roy</b>  |  | a. (First)   |  | b. (Middle)<br><b>West</b>   |  | c. (Last)  |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>May 16 - 1952</b>  |  | 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> |  |
| 8. DATE OF BIRTH<br><b>June 28, 1894</b>  |  | 9. AGE (In years last birthday)<br><b>57</b>   |  | 10. MONTHS<br><b>10</b>  |  | 11. DAYS<br><b>18</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)<br><b>Fish on board</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mo. State Prison</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Camden, Courty, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                            |  |
| 13a. FATHER'S NAME<br><b>Wm. West</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Josephine Swinney</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Angie West</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Angie West - Eugene, Mo.</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intra Cranial hemorrhage</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Basal skull fracture</b><br>DUE TO (c) <b>Accidental fall</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>E9047</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>121</b>   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>accidental</b>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>DINING ROOM AT STATE PRISON</b>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>JEFFERSON CITY (COLE) MO.</b>  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>11:59 P.M. - MAY 16, 1952</b>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>Fell</b>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>5-13-52</b> , 19 <b>52</b> , to <b>5-16</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>5-16</b> , 19 <b>52</b> , and that death occurred at <b>11:10</b> m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE<br><b>W. J. McFally</b>  |  | (Degree or title)<br><b>M.D.</b>   |  | 23b. ADDRESS<br><b>403 Central Trust Bldg</b>  |  | 23c. DATE SIGNED<br><b>5-19-52</b>                                       |  |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>May 18, 1952</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Southside Cem.</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Mo.</b>              |  |
| DATE REC'D BY LOCAL REG.<br><b>May 20-52</b>  |  | REGISTRAR'S SIGNATURE<br><b>R.P. Davis</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Lanner</b>  |  | ADDRESS<br><b>710 Jefferson</b>  |  |