

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4174

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (If applicable) <u>Since 5-4-48</u>		d. STREET ADDRESS (If rural, give location) <u>1211 N. Westminster Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shoaf Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>A</u>	c. (Last) <u>Alkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D.K.</u>	8. DATE OF BIRTH <u>April, 25, 1865</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>D.K.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>D.K.</u>	11. BIRTHPLACE (State or foreign country) <u>Johnson Co., Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>George Alkins</u>	13b. MOTHER'S MAIDEN NAME <u>Martha ?</u>	14. NAME OF HUSBAND OR WIFE <u>D.K.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>D.K.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Callaway Co. Welfare Office, Fulton</u> ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Med. cert. Myocarditis and arteriosclerosis due to old age</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Very old senile</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 0:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Carratt</u> (Degree or title) <u>Coroner, Fulton, Missouri</u>	23b. ADDRESS	23c. DATE SIGNED <u>2/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pioneer</u>	24d. LOCATION (City, town, or county). (State) <u>Fulton, Missouri</u>
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DATE REC'D BY LOCAL REG. OFF. <u>Feb. 25 1949</u>	REGISTRAR'S SIGNATURE <u>Joan Morauk Hoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home, Fulton, Mo.</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

14
2

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 3 1949

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.

Signed Reuzil C. Browning

Signed _____
Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Fullon mo

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 this body is not embalmed, fact should be so stated above.