

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1949

State File No. _____

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

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4572 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan #25</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>Newton</u> c. (Last) <u>McAlister</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 14 -1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Nov. 12 - 1866</u>
9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	11. UNDER 100 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John McAlister</u>	
13b. MOTHER'S MAIDEN NAME <u>Barbara Shultz</u>		14. NAME OF HUSBAND OR WIFE <u>Adabelle Weaver</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'S SIGNATURE OR NAME <u>Bird White</u> ADDRESS <u>Milan, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES <u>Leakage left ventricular valve</u>		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <u>4343</u>		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) _____	
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? _____	
22. I hereby certify that I attended the deceased from <u>1-22, 1949</u> , to <u>2-11, 1949</u> , that I last saw the deceased alive on <u>2-11, 1949</u> , and that death occurred at <u>7:20</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph E. Prior, D.O.</u> (Degree or title)		23b. ADDRESS <u>P.O. Box 87, Milan, Mo.</u>	23c. DATE SIGNED <u>2-19-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb. 23 - 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rebecca ...</u> ADDRESS <u>Milan, Mo</u>	

RECEIVED

District Health Officer

District File Number 2

Date Filed FEB 28 19

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 _____

D. Norris Cleeton

Student Embalmer No. 238

working under my personal supervision.

Signed D. Norris Cleeton
Student Embalmer

Signed Dwight Schvone

Licensed Embalmer No. 2467

P. O. Address Waban - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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