

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—60

THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 2 1950

STANDARD CERTIFICATE OF DEATH

5661 State File No. 12343

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5666		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY LEWIS			
b. CITY OR TOWN Maywood, Highland		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maywood		1560	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) L E I L A b. (Middle) BLANCH c. (Last) ALDERTON				4. DATE OF DEATH (Month) MAY (Day) 18 (Year) 1950			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH JUNE 24 1914	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 35		11. BIRTHPLACE (State or foreign country) 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A				13a. FATHER'S NAME TARPLEY D. CLOW			
13b. MOTHER'S MAIDEN NAME LAURA BOTNER				14. NAME OF HUSBAND OR WIFE DAVID O. ALDERTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. T. D. CLOW Durham, Mo	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES DUE TO (b) Chronic endocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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 ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH 3 hrs.			
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) (Min)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 18, 1950, to May 18, 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 8:15 A.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry L. M. Bracken D.O.				23b. ADDRESS La Belle, Missouri		23c. DATE SIGNED 5/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21-1950		24c. NAME OF CEMETERY OR CREMATORY Durham		24d. LOCATION (City, town, or county) (State) Durham, Missouri	
DATE REC'D BY LOCAL REG. May 26, 1950		REGISTRAR'S SIGNATURE P. H. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ball Ewing, Mo			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 30 1950
District Health Officer No. 10
District File Number 5-50-91
Date Filed _____

JUN 2 1950

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 _____

Thomas Ball

Signed _____

Student Embalmer

Licensed Embalmer No. 1744

P. O. Address _____

Ewing, 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.