

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33113**

BIRTH NO. 60018-50		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 171	
1. PLACE OF DEATH a. COUNTY Dunklin b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett c. LENGTH OF STAY (In this place) 1 Day d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give street address or location) Grassell Hosp				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ferniscot c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pascola Mo. d. STREET ADDRESS (If rural, give location) 0780			
3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) John c. (Last) Alvis		4. DATE OF DEATH (Month) (Day) (Year) Sept 10, 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Aug 15, 1950		9. AGE (In years last birthday) 0 Months 0 Days 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
11. BIRTHPLACE (State or foreign country) Pascola Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Eugene Alvis		13b. MOTHER'S MAIDEN NAME Martha Miller Kelley	
14. NAME OF HUSBAND OR WIFE Eugene Alvis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Eugene Alvis	
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, asthma, etc. It means the disease, injury, or complication which caused death. 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial septicemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <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) (Min.) 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 9-9, 1950, to 9-10, 1950, that I last saw the deceased alive on 7-10, 1950, and that death occurred at 11:50 P.M., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) L. C. Wilson M.D. 23b. ADDRESS Kennett Mo. 23c. DATE SIGNED 10-31-50 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8-11-50 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem 24d. LOCATION (City, town, or county) (State) Hayti Mo DATE REC'D BY LOCAL REG. 11-2-1950 REGISTRAR'S SIGNATURE Carl H. Henshaw 25. FUNERAL DIRECTOR'S SIGNATURE John W. German ADDRESS Hayti, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-3-50

COUNTY FILE NUMBER 1150-298,,

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

not embalmed
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.