

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1950

37929
State File No.

BIRTH NO.		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u> <u>MO</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Non</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pemiscot</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u> <u>City of Hayti</u> <u>Mo</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) c. (Last) <u>Alford</u>		4. DATE OF DEATH (Month) <u>II</u> (Day) <u>13</u> (Year) <u>50</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>Col</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>		8. DATE OF BIRTH <u>21 8 1985</u>	
9. AGE (in years last birthday) <u>65</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. DATE OF BIRTH <u>9 5 1915</u>	
13a. FATHER'S NAME <u>Mose Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Suvoy</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Alford</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NON</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jimmie Brown</u>		18. ADDRESS <u>Loula Miss box 152</u>		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebro Vascular Accident</u> <u>Essential Hypertension</u> <u>Cardiac Fibrillation</u>	
20. DATE OF OPERATION <u>11-13</u>		21. MAJOR FINDINGS OF OPERATION <u>Cardiac Fibrillation</u>		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vascular Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Fibrillation</u>	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		27. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?		30. I hereby certify that I attended the deceased from <u>11-13</u> , 19 <u>50</u> , to <u>11-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>50</u> , and that death occurred at <u>9:30A</u> m., from the causes and on the date stated above.		31. SIGNATURE <u>Clarence D. Kain</u> (Degree or title) <u>M.D.</u>	
32. ADDRESS <u>Hayti, Mo.</u>		33. DATE SIGNED <u>11-17-50</u>		34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE <u>11/17 50</u>	
36. NAME OF CEMETERY OR CREMATORY <u>Wagonwheel Bridge</u>		37. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>		38. DATE REC'D BY LOCAL REG. <u>12-4-50</u>		39. REGISTRAR'S SIGNATURE <u>John W. Gorman</u>	
40. FUNERAL DIRECTOR'S SIGNATURE <u>Ed M. Hall</u>		41. ADDRESS <u>Caruthersville, Mo.</u>		42. (Licensed Embalmer's Statement on Reverse Side)		43. (Licensed Embalmer's Statement on Reverse Side)	

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

12-50-301

M. D. Beecher, M. D.,
Pemiscot County Health Department,
Baruthersville, Missouri
DEC 5 1960

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 ME

Student Embalmer No. 2627

working under my personal supervision.

Student
Student Embalmer

Signed

G. M. Hill

Licensed Embalmer No. 2627

P. O. Address Highway 600

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.