

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 656

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4150 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOURBON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOURBON</u> <u>02:3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>Bourbon Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Eugene</u> c. (Last) <u>ALVERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 25 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>6-5-1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months <u>7</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SULLIVAN, MISSOURI</u>	
13a. FATHER'S NAME <u>Emory Oliver Alverson</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. May Landon</u> ADDRESS <u>Bourbon Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Possibly congestion of lungs</u>		DUE TO (b) <u>Decompensating Heart</u>			<u>6 hrs.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Mitral valve disease</u>			<u>4 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</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 3/29, 1947, to 1-25, 1951, that I last saw the deceased alive on 1-23, 1951, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leona K. Smith, D.O.</u>	23b. ADDRESS <u>Bourbon, Mo.</u>	23c. DATE SIGNED <u>1-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bourbon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bourbon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1/27/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sullivan, Mo.</u>
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(Signed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 29 1951

RECEIVED

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 _____

J. A. Humphrey

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4772

P. O. Address _____

Sullivan, 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.