

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5674

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before (admission).) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cairo</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) <u>ISOLA FRANKIE ALVERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February - 4 - 1951</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec-26-1864</u>	9. AGE (In years last birthday) <u>86</u>	10. MONTHS <u>1</u>	11. DAYS <u>09</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country?) <u>Macon County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Morgan A. Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie Jane Griffin</u>	14. NAME OF HUSBAND OR WIFE <u>Warren J. Alverson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Cox</u>	ADDRESS <u>Cairo 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>Acute intestinal hemorrhage</u>	DUE TO (b) <u>Unknown</u>		<u>1 wk.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Septic miltitary osteomyelitis</u>		<u>578X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Internal Pyaemia of Rectum</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)
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 Jan 30, 1951, to Feb 4, 1951, that I last saw the deceased alive on Feb. 4, 1951, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Cunningham, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Moberly, Missouri</u>	23c. DATE SIGNED <u>Feb. 6, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. - 16 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
DATE REC'D BY LOCAL REGY <u>Feb. 6 - 5</u>	REGISTRAR'S SIGNATURE <u>Earl Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Home Funeral Home</u>	ADDRESS <u>Moberly Mo</u>

This copy is filed for original copy held for use in Missouri. White plainly - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD.

MAR 30 1951

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-396
Date Filed: FEB 19 1951

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 _____

R. M. Carter

Signed _____
Student Embalmer

Licensed Embalmer No. *4117*

P. O. Address. *Waverly 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.