

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11562

BIRTH NO.		REG. DIST. NO. 12		PRIMARY REG. DIST. NO. 1000		Registrar's No. 457			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio				b. COUNTY Lucas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 15 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Toledo		8340			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 3640 Hazelhurst				8	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) Sue		c. (Last) Alley		4. DATE OF DEATH (Month) (Day) (Year) April 24, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (Specify)) never married		8. DATE OF BIRTH Nov. 30, 1949		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Charlottesville, Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Raymond Lee Alley			13b. MOTHER'S MAIDEN NAME Elizabeth Anne Templin			14. NAME OF HUSBAND OR WIFE			
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. None		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Anne Alley				ADDRESS Toledo, Ohio	
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) laryngeal Obstruction						INTERVAL BETWEEN ONSET AND DEATH 17 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) laryngeal Edema						18 hrs.	
		DUE TO (c) Upper Respiratory Infection Constricted larynx						2 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia						6 hrs	
19a. DATE OF OPERATION 4-23-51		19b. MAJOR FINDINGS OF OPERATION Mucopurulent matter in trachea & bronchioles						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 April 23, 1951, to April 24, 1951, that I last saw the deceased alive on April 24, 1951, and that death occurred at 6:15 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Emerson Hader, M.D.				23b. ADDRESS Denton, Kansas		23c. DATE SIGNED 4/25/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/24/51		24c. NAME OF CEMETERY OR CREMATORY Karr Funeral Home		24d. LOCATION (City, town, or county) (State) Troy, Kansas			
DATE REC'D BY LOCAL REG. April 30, 1951		REGISTRAR'S SIGNATURE Carl C. Costello			446		25. FUNERAL DIRECTOR'S SIGNATURE B. H. Carr		
							ADDRESS Troy, Mo.		

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MAY 15 1932

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 E. L. Kane

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3532

P. O. Address Troy, 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.