S. No. 300
v. 10.48

1430
3

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

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6439
State File No. 12366

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5526 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cross Timbers (Cross Timbers T. 3)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oak Grove School House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cross Timbers - Rural - Cross Timbers
d. STREET ADDRESS (If rural, give location): 2 miles S.W. Cross Timbers

3. NAME OF DECEASED (Type or Print)
a. (First): Major
b. (Middle): Lee
c. (Last): Alley

4. DATE OF DEATH (Month) (Day) (Year): April 16 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 12 1892
9. AGE (In years last birthday): 58 — If under 1 year: Months: 9 Days: 4 — If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electric Welder
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Barton County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Wesley Alley
13b. MOTHER'S MAIDEN NAME: Julia Ann Stevens
14. NAME OF HUSBAND OR WIFE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Goldie Sempsrote — ADDRESS: Wheatland, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. ~~DISEASE OR~~ CONDITION DIRECTLY LEADING TO DEATH* (a) Despondency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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
E976X
20. AUTOPSY? YES ☐ NO ☐

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): April 16 1951 - 11 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot Gun — Shot himself with 410 Gauge

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.P. Hargiss Local Registrar
23b. ADDRESS: Wheatland Mo
23c. DATE SIGNED: 4-26-1951
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-28-1951
24c. NAME OF CEMETERY OR CREMATORY: Gardner Cemetery
24d. LOCATION (City, town, or county) (State): Wheatland, Mo.
DATE REC'D BY LOCAL REG.: april 27-1951
REGISTRAR'S SIGNATURE: W.P. Hargiss
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25. FUNERAL DIRECTOR'S SIGNATURE: Gilbert Hathaway
ADDRESS: Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-28-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-28-51

MAY 3 1956

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.

Student _____
Student Embalmer

Signed Alan Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Wheatland, Wy

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.