

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20669

State File No.

FILED JUL 6 - 1957

BIRTH NO.		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5661</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DURHAM</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DURHAM</u> <u>0560</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Alderton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 12, 1875</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u> Hours <u>0</u> Min. <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James W. Alderton</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret J. Tuley</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie Bowler</u>		15. INFORMANT'S SIGNATURE OR NAME <u>Girgis M. Kelley</u>		16. ADDRESS <u>Sacramento Calif</u>		17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>High blood pressure</u> DUE TO (c) <u>Valvular insufficiency</u> 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		20. AUTOPSY? YES ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH <u>4214</u>	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>April 1947</u> , to <u>June 9, 1957</u> , that I last saw the deceased alive on <u>June 9, 1957</u> , and that death occurred at <u>2:58 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. V. Coates</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>Larkelle, Missouri</u>		23c. DATE SIGNED <u>7-13-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Durham</u>		24d. LOCATION (City, town, or county) (State) <u>Durham Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-17-57</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>		ADDRESS <u>Ewing Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 2 1951
DISTRICT HEALTH OFFICE #2.
District File Number 7-51-120
Date Filed: JUL 3 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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.