

FILED AUG 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23803

BIRTH NO. REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5808 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Beaurisk</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Beaurisk</u> TOWN <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>4 mile north of New Hope</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>K. A.</u> c. (Last) <u>ALERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 25 1857</u>
9. AGE (In years last birthday) <u>93</u>		10. UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Lipscomb, Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Fred Alers</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Saline</u>	14. NAME OF HUSBAND OR WIFE <u>Leone Alers</u>	ADDRESS <u>New Hope, Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

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) <u>Acute Dilatation of Ventricle of Heart</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio-Sclerotic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>FRACTURED Rt. Hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>10 yrs.</u> <u>2 yrs.</u> <u>8 months</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442 X F</u>	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)	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 2 - 1942, to July 22, 1951, that I last saw the deceased alive on 7-15, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Helm</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>New Florence Mo.</u>	23c. DATE SIGNED <u>7-24-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>July 25</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John</u>	24d. LOCATION (City, town, or county) (State) <u>1293 E. Capital Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 24-51</u>	REGISTRAR'S SIGNATURE <u>Mrs May Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl A. Darding</u>	ADDRESS <u>Gonestling, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 1 1951

DISTRICT HEALTH OFFICE No. 1

File No.

JAN 6 1952

### 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

*Carl A. Harding*

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.