

FILED AUG 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24129
Registrar's No. 223

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6043		State File No. 24129		Registrar's No. 223		
1. PLACE OF DEATH a. COUNTY <u>RIPIEY</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPIEY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>FAIRDEALING</u>			c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FAIRDEALING</u> <u>0910</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WASHINGTON Township</u>					d. STREET ADDRESS (If rural, give location) <u>WASHINGTON Township</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>			b. (Middle) <u>BELLE</u>		c. (Last) <u>ALLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4 1951</u>			
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>March 10 1876</u>		9. AGE (In years last birthday) Months Days <u>75</u> <u>3</u> <u>24</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy Employee AT&T</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R. Road Co.</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>unknown</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank E. Murphy 1717 N Temple</u>					
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>had been taking treatment for heart disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>it is a case of</u> DUE TO (c) <u>she died of heart failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>							20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 _____, 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 <u>H. Williams M.D. Coroner</u> (Degree or title)					23b. ADDRESS <u>Doniphan Mo</u>			23c. DATE SIGNED <u>7-10-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/9/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DONIPHAN Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-11-51</u>		REGISTRAR'S SIGNATURE <u>E. O. Johnston</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. W. Edwards Doniphan Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 31 1951

RECEIVED

AUG 9 1951

DISTRICT HEALTH OFFICE No. 5

File No.

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.....
Student Embalmer

Signed

George A. Herby

Licensed Embalmer No. *4752*

P. O. Address

Douglas, 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.