

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27753**

FILED SEP 8 - 1951

BIRTH NO.		REG. DIST. NO. <b>270</b>		PRIMARY REG. DIST. NO. <b>3050</b>		Registrar's No. <b>272</b>	
1. PLACE OF DEATH a. COUNTY <b>Cemiscat 0782</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cemiscat</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville</b>		c. LENGTH OF STAY (in this place) <b>43 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville 0780</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>Route 1</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Ada</b>		b. (Middle) <b>Alley</b>		c. (Last)	
4. DATE OF DEATH		(Month) <b>8</b>		(Day) <b>29</b>		(Year) <b>51</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>Cal</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>		8. DATE OF BIRTH <b>8-1-1879</b>		9. AGE (In years last birthday) <b>72</b> 0 <b>28</b> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Brooklyn Miss</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Cornie Shifty</b>		14. NAME OF HUSBAND OR WIFE <b>Willie Alley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Willie Alley</b> ADDRESS <b>Caruthersville Mo</b>			
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) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis Hypertension</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>  <b>?</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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 <b>August 26, 1951</b> , to <b>Aug 29, 1951</b> , that I last saw the deceased alive on <b>August 26, 1951</b> , and that death occurred at <b>4:02 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edna M. D.</b>				23b. ADDRESS <b>Caruthersville Mo</b>		23c. DATE SIGNED <b>9/1/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-1-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Smith Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Caruthersville Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-6-1951</b>		REGISTRAR'S SIGNATURE <b>Freddie B. Wick</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Garmon Undert Co Stark Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

9-51-213

Rec. SEP 6 1981

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No.

P. O. Address

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.