

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> c. LENGTH OF STAY (in this place) <u>2 hrs.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>602 E. Love St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Santa Fe</u> d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rochelle</u> b. (Middle) _____ c. (Last) <u>ALVERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 52</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 14, 1886</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Paris, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James M. Alverson.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Cooper.</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James W. Alverson, Santa Fe, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>The deceased died sudden while at work loading lumber in a truck in Mexico. No. No. evidence by of physician. No injury. Cause in center of forehead head on mvc. no fracture.</u> ANTECEDENT CAUSES <u>Mo. No. evidence by of physician. No injury. Cause in center of forehead head on mvc. no fracture.</u> DUE TO (b) <u>Mo. No. evidence by of physician. No injury. Cause in center of forehead head on mvc. no fracture.</u> DUE TO (c) <u>Mo. No. evidence by of physician. No injury. Cause in center of forehead head on mvc. no fracture.</u> II. OTHER SIGNIFICANT CONDITIONS <u>All indications show he died from a heart condition.</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>Examination of dead body</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico. Audrain Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>		4343	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>Alive on Jan. 29, 1952, and that death occurred at 12:45 P.m., from the causes and on the date stated above.</u>							
23a. SIGNATURE <u>J. C. Adams M.H. Coroner</u>				23b. ADDRESS <u>Mexico. Mo.</u>		23c. DATE SIGNED <u>1-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-31-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Santa Fe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Santa Fe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 30-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wicker</u>		ADDRESS <u>Perry, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clyde C. Wilkey*

Licensed Embalmer No. *3820*

P. O. Address *Perry 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.