

No. 300
10.48

FILED MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **11659**

BIRTH NO. _____ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **4474** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY SALINE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY SALINE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs		c. LENGTH OF STAY (in this place) 19	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs 1970		d. STREET ADDRESS (If rural, give location) AS
d. FULL NAME OF HOSPITAL OR INSTITUTION 313 W Main (Home)					

3. NAME OF DECEASED (Type or Print) a. (First) Mahlie b. (Middle) C. c. (Last) ALford			4. DATE OF DEATH (Month) (Day) (Year) Mar. 27 52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married widowed	8. DATE OF BIRTH Sept. 21, 1865		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 6 Days 6 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Center Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Cowden		13b. MOTHER'S MAIDEN NAME Martha Rice		14. NAME OF HUSBAND OR WIFE Field ALford	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L.A. JACKSON Sweet Springs		
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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) cerebro-vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic cardio-vascular dis. DUE TO (c) arterio + atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **12 Dec, 1952**, to **27 Mar, 1952**, that I last saw the deceased alive on **Mar 26, 1952** and that death occurred at **2 1/2 am.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph H. Jones, M.D. (Degree or title)		23b. ADDRESS Sweet Springs, Mo.	23c. DATE SIGNED 27 Mar 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-28-52	24c. NAME OF CEMETERY OR CREMATORY Wandakia cemetery	24d. LOCATION (City, town, or county) (State) Wandakia, MO
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DATE REC'D BY LOCAL REG. 3/27/52	REGISTRAR'S SIGNATURE Adley Andrew 293	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.C. Wilkey Perry, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 C. 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.