

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

41706

State File No. _____

FILED JAN 3 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission: a. STATE <u>Missouri</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>	c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY OR TOWN <u>CAPE GIRARDEAU</u>	<u>0164</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 N. W. END BLVD</u>		d. STREET ADDRESS (If rural, give location) <u>307 N. W. END BLVD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u> b. (Middle) <u>M.</u> c. (Last) <u>ALFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 26, 1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>
7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 19, 1865</u>
9. AGE (in years) last birthday <u>87</u> Months <u>5</u> Days <u>7</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS (RET.)</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>FREDERICK BRUNE</u>	13b. MOTHER'S MAIDEN NAME <u>CARLINE GERLACH</u>	14. NAME OF HUSBAND OR WIFE <u>W.C. ALFORD</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs DAPHNE M. KIELE 307 N. W. END BLVD. CAPE GIRARDEAU, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Arteriosclerosis Hypertension</u> DUE TO (b) _____ DUE TO (c) <u>General paralysis Mental</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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.e., 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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1945, to 12/26, 1952, that I last saw the deceased alive on 12/25, 1952, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Cap. Quarantine</u>	23c. DATE SIGNED <u>1/29/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>DEC. 28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>
24d. LOCATION (City, town, or county) <u>CAPE GIRARDEAU, MO.</u>	24e. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>12-29-52</u>	REGISTRAR'S SIGNATURE <u>W. C. Simmons</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FORD-YOUNG FUNERAL HOME, INC. CAPE GIRARDEAU, MISSOURI</u>
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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

Lowell Gissel

Licensed Embalmer No. *4736*

P. O. Address *Cape Girardeau, 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.