

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 87

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Temp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> <u>0396</u>	
c. LENGTH OF STAY (In this place) <u>4-2-10</u>		d. STREET ADDRESS (If rural, give location) <u>2214 North Nettleton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alley</u>		b. (Middle) _____		c. (Last) <u>Warner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8-1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>unk</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>unk</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>	

13a. FATHER'S NAME <u>J. R. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Jane Hurst</u>		14. NAME OF HUSBAND OR WIFE <u>unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hoops Records Nevada</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Ischemic Meningoencephalitis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>		<u>7</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>025x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Aug 1, 1950, to May 8, 1953, that I last saw the deceased alive on May 8, 1953 and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. D. Shaver</u>		23b. ADDRESS <u>24 S. Nevada Mo</u>		23c. DATE SIGNED <u>5/8/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>5-9-1953</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home Nevada, Mo</u>	
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No. 300  
10-48

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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 \_\_\_\_\_

*RB Steen*

Licensed Embalmer No. 1760

P. O. Address Neveda 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.