

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30830**

FILED SEP 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>VERNON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>NEVADA</b>		c. LENGTH OF STAY (In this place) <b>8 MONTHS</b>	c. CITY OR TOWN <b>RICH HILL R.F.D. 2</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>MC CARTY CONV. HOME</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>8 MI. S.W. RICH HILL</b>		<b>1080</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>VERNON</b>	b. (Middle) <b>DERWOOD</b>	c. (Last) <b>MCALISTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT-2-1953</b>
-------------------------------------	--------------------------	----------------------------	----------------------------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MARCH-20-1876</b>	9. AGE (In years last birthday) <b>77</b>	IF OVER 1 YEAR Months <b>5</b>	IF OVER 24 HOURS Days <b>13</b>	IF OVER 1 MIN. Mtn.
--------------------	-------------------------------	--	---------------------------------------	---	--------------------------------	---------------------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>EVE, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	---

13a. FATHER'S NAME <b>E.D. MCALISTER</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH FITZSIMMONS</b>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>N/A</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>O.R. McAlister - Metz, Missouri</b>	ADDRESS
--	-------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis of abdomen</b> ANTECEDENT CAUSES <b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Carcinoma Rectum</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>5 October 1950</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma rectum with metastases</b>	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) <b>154X</b>
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?

22. I hereby certify that I attended the deceased from **Sept. 29, 1950**, to **Sept. 2, 1953**, that I last saw the deceased alive on **Aug. 31, 1953**, and that death occurred at **12:55A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. B. Johnson M.D.</b>	23b. ADDRESS <b>Moore Building, Nevada, Mo.</b>	23c. DATE SIGNED <b>4 Sept 1953</b>
---	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT-3-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>FT SCOTT, KANSAS</b>
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>9-5-53</b>	REGISTRAR'S SIGNATURE <b>Anna E. Furry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Booth Funeral Hw. Rich Hill, Mo</b>	ADDRESS
---	---	--	---------

(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.....  
Signature of Student Embalmer

Signed *Robert G. Steimbach*

Licensed Embalmer No. *46*

P. O. Address *Butler*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.