

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35310

State File No.

FILED NOV 5- 1953

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5249</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bowling Green</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bowling Green Township</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mi. west of Dalton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. west of Dalton</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 mi. west of Dalton</u>			
3. NAME OF DECEASED (Type or Print) or (First) <u>ELLINGTON</u>		b. (Middle) <u>NEIL</u>		c. (Last) <u>ALVERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>MAR. 19, 1893</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Painting</u>		11. KIND OF BUSINESS OR INDUSTRY <u>For Self</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Alverson</u>		13b. MOTHER'S MAIDEN NAME <u>Ella</u>		14. NAME OF HUSBAND OR WIFE <u>Christine Vauler Alverson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W.W.F. 349-05-1383</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Neil Alverson</u> ADDRESS <u>Dalton, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary heart disease</u>				<u>2 1/2 yrs</u>	
		ANTECEDENT CAUSES				<u>5 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				<u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>584 X</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) m.		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 <u>June 15, 1953</u> , to <u>Oct 26, 1953</u> , that I last saw the deceased alive on <u>Oct 26, 1953</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lawyer C. Rice M.D.</u>				23b. ADDRESS <u>124 1/2 East Broadway Brunswick Missouri</u>		23c. DATE SIGNED <u>11-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremial</u>		24b. DATE <u>Oct. 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 3-53</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Boone</u>		ADDRESS <u>Cludley-Tremont Glasgow Mo.</u>	

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

NOV 13 1930

NOV 13

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 *W. W. [Signature]*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.