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STANDARD CERTIFICATE OF DEATH

State File No. **42050**

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| FILED DEC 30 1953 | | REG. DIST. NO. 20 | | PRIMARY REG. DIST. NO. 6083 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY Bates | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Bates | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Passaic | | | | c. CITY (If outside corporate limits, write RURAL and give township) Passaic | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION No St. No. | | | | d. STREET ADDRESS (If rural, give location) No St. No. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Doley | | b. (Middle) Frances | | c. (Last) Alkire | |
| 4. DATE OF DEATH | | Dec. 25 , 1953 | | 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | Married | | 8. DATE OF BIRTH Aug. 27, 1897 | | 9. AGE (In years last birthday) 56 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Rush Co., Kans. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Dave Alkire | | 13b. MOTHER'S MAIDEN NAME Mary Adams | | 14. NAME OF HUSBAND OR WIFE Bessie Alkire | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Alkire Passaic, Mo. | | | |
| 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) ACUTE CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) ARTERIAL HYPERTENSION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 5 MIN UNKNOWN UNDET. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | |
| 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 OCT. 31, 1953 to DEC. 25, 1953 , that I last saw the deceased alive on DEC. 17, 1953 , and that death occurred at 5:00A m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE John M. Cooper (Degree or title) M.D. | | | | 23b. ADDRESS BUTLER, MO | | 23c. DATE SIGNED 12-26-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 27, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery | | 24d. LOCATION (City, town, or county) (State) Butler Mo. | |
| DATE REC'D BY LOCAL REG. Dec. 26, 1953 | | REGISTRAR'S SIGNATURE Lynde A. Brigg | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Palmer-Underwood Butler | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

John G. Underwood

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.