

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42701

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>354</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dora</u>		0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Alcorn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-15-53</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>10-5-1874</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>10</u>		11. HOURS <u>10</u>		12. MIN. <u>08</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Ozark Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Alcorn</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Lander</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>123-45-6789</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Linda Alcorn, West Plains, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Portotites, Chronic Hypertrophic</u> <u>Urinary Incontinence</u> <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ INTERVAL BETWEEN ONSET AND DEATH _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. HOW DID INJURY OCCUR?			
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 <u>10-10-53</u> , to <u>15-10-53</u> , that I last saw the deceased alive on <u>15-10-53</u> , and that death occurred at <u>1:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James M. West Plains, Mo</u>		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>22-10-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>18</u>		24b. DATE <u>10-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-15-53</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains, Mo</u>	

(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 _____

Licensed Embalmer No. 3437

P. O. Address West Plains

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.