

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43554**

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **4301** Registrar's No. **15**

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

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meadville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Meadville</b> <b>0580</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALFHRETTA</b> b. (Middle) _____ c. (Last) <b>COLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-21-53</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	
8. DATE OF BIRTH <b>5-4-1865</b>		9. AGE (In years last birthday) <b>88</b>		10. MONTHS <b>8</b> 11. DAYS _____ 12. HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Joe Van Dyke</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Manard</b>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James Van Dyke, Meadville, Mo</b> ADDRESS <b>TAs</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Myocardial Insufficiency</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>10 yrs</b>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from **Jan**, 19**53**, to **Dec**, 19**53**, that I last saw the deceased alive on **Dec 21**, 19**53**, and that death occurred at **10 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter Bryan, D.O.</b>		23b. ADDRESS <b>Wheeling Mo</b>		23c. DATE SIGNED <b>12-22-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-23-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Meadville Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Meadville, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Dec 23 1953</b>		REGISTRAR'S SIGNATURE <b>Chris A. Marten</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brothers Funeral Home, Leake Mo.</b> ADDRESS _____	
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**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.P. Wright

Licensed Embalmer No. 4655

P. O. Address Leclaire, Missouri

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.