

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

43710

State File No.

FILED DEC 21 1953

BIRTH NO.		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>5829</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>Portage</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden Air Base</u> <u>035-0</u>		d. STREET ADDRESS (If rural, give location) <u>035-0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>John</u>		c. (Last) <u>Alman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 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>Jan. 2-1918</u>	
9. AGE (In years last birthday) <u>35-11-5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>aviator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flight Instructor</u>		11. BIRTHPLACE (State or foreign country) <u>Wise Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William J. Alman</u>		13b. MOTHER'S MAIDEN NAME <u>Viola</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Alman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW 2</u>		16. SOCIAL SECURITY NO. <u>WW 2</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Evelyn Alman - Malden Air Base</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; asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto accident, car</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>missed bridge turned over in water, death usual</u> DUE TO (c) <u>Caused by drowning</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8234 32</u>				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) <u>072</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edith C. Alman</u> (Degree or title)				23b. ADDRESS <u>New Madrid, Mo</u>		23c. DATE SIGNED <u>Dec. 10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>25th SE. Stuttgart Ark</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>12-17-53</u>		REGISTRAR'S SIGNATURE <u>Ellen Delesio</u> <u>219</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas E. Knight - Malden Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

07203

FEB 10 1954

JUL 8

1954

JUL 6 1954

OCT 5 1954

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

Thomas C. Knight

Licensed Embalmer No. *2189*

P. O. Address *Malden, 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.