

STANDARD CERTIFICATE OF DEATH

5484

State File No.

Registrar's No. 13

FILED FEB 16 1954

BIRTH NO.

REG. DIST. NO. 210

PRIMARY REG. DIST. NO. 4022

8650

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert			
3. NAME OF DECEASED (Type or Print) a. (First) Lewis		b. (Middle) Virgil	
		c. (Last) Alley	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 54			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 26, 1873
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Hours	IF UNDER 2 MRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Marshall	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME James M. Alley	13b. MOTHER'S MAIDEN NAME Margaret Girdner	14. NAME OF HUSBAND OR WIFE Erdie Alley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-36-5824	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erdie Alley Princeton, 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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial hemorrhage			2-4-54
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stomach - due to cancer			
DUE TO (c) Old kidney and stomach			
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 None		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151 X	
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 2-4-1954 to 2-6-1954 , that I last saw the deceased alive on Feb 6, 1954 and that death occurred at 9:55 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. Bristow M.D.		23b. ADDRESS Princeton Mo.	23c. DATE SIGNED 2/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-8-54	24c. NAME OF CEMETERY OR CREMATORY Princeton Ceme.	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.
DATE REC'D BY LOCAL REG. 2-10-54	REGISTRAR'S SIGNATURE Paul Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Evan Martin

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..... *Iron Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton, Md.*

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.