

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8138**

FILED MAR 16 1954
BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **4158** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY DALLAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUFFALO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo.	
c. LENGTH OF STAY (in this place) 3 1/2 yrs		d. STREET ADDRESS (If rural, give location) 0300	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) L. c. (Last) ALDERSON			4. DATE OF DEATH (Month) (Day) (Year) 3-11-1954		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-19-1883	9. AGE (In years last birthday) 70 6 22	IF UNDER 1 YEAR Months Days 70 6 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) gasoline station		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Emerson Alderson	13b. MOTHER'S MAIDEN NAME Emaline Lutz	14. NAME OF HUSBAND OR WIFE Etha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 7070-55-5748	17. INFORMANT'S SIGNATURE OR NAME Etha Alderson

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage & hemiplegia 2 wks DUE TO (c) Arterio sclerosis		
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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **3¹⁹**, to **10 Mar, 1954**, that I last saw the deceased alive on **10 Mar, 1954**, and that death occurred at **3¹⁹** m., from the causes and on the date stated above.

23a. SIGNATURE C. Shiffin (Degree or title) MD	23b. ADDRESS Buffalo	23c. DATE SIGNED 11 March 54
---	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-15-1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Garden	24d. LOCATION (City, town, or county) (State) Galveston, Ill
DATE REC'D BY LOCAL REG. 3-12-54	REGISTRAR'S SIGNATURE Ernest Peterson	25. FUNERAL DIRECTOR'S SIGNATURE L B Jones	ADDRESS Buffalo Mo

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

APR 5 1958

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 *Harold B. Jones*

Licensed Embalmer No. *3508*

P. O. Address *Buffalo 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.