

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11621

State File No.

BIRTH NO.		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. LENGTH OF STAY (In this place) 5 days		c. CITY OR TOWN Jewette		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Knox Nursing Home				e. STREET ADDRESS (If rural, give location) Liberty Township			
3. NAME OF DECEASED (Type or Print)		a. (First) NANCY		b. (Middle) ALICE		c. (Last) ALLEY	
4. DATE OF DEATH		(Month) (Day) (Year)		Apr. 3 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Feb. 14, 1880	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Sinkin, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alex Eudy		13b. MOTHER'S MAIDEN NAME Elizabeth Cottrell		14. NAME OF HUSBAND OR WIFE William 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. 497-20-8963		17. INFORMANT'S SIGNATURE OR NAME Lola Harper			
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) Ac. Cardiac Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular-renal disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/4/2X				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)		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 April 2, 1954, to April 3, 1954, that I last saw the deceased alive on April 3, 1954, and that death occurred at 8 a.m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Joseph L. Burnett DO				23b. ADDRESS Salem, Mo		23c. DATE SIGNED 4/6/54	
24a. DATE OF REMOVAL (Specify)		24b. DATE Apr. 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Midkiff Cemetery		24d. LOCATION (City, town, or county) (State) Madison Co., Missouri	
DATE REC'D BY LOCAL REG. 4-5-54		REGISTRAR'S SIGNATURE M. M. Hart, M.D. by M. L. Blackwell-Warfel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Salem, Mo			

(Licensee 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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 412

P. O. Address: Salem

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.