

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38173

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo; b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry Rural Cooper	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) S. W. 5 miles	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		0261	
3. NAME OF DECEASED a. (First) Mr. Alvin Roy b. (Middle) Liggett c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11 / 23 / 54
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25 1887
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) Stanberry, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY. U.S.A.
13a. FATHER'S NAME Robert S. Liggett		13b. MOTHER'S MAIDEN NAME Sabina Coffey	14. NAME OF HUSBAND OR WIFE Ermel Liggett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or date of service) 491-24-9409	17. INFORMANT'S SIGNATURE OR NAME Mrs. Erlel Liggett Stanberry, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia ANTECEDENT CAUSES DUE TO (b) Congestive heart failure DUE TO (c) Emphysema of Lungs - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kypho Scoliosis of spine	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5271	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 (Month) (Day) (Year) (Hour) OF INJURY	
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 2-24, 1953, to 11-22, 1954, that I last saw the deceased alive on 11-20, 1954, and that death occurred at 2 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (In case of title) Albert L. Carter M.D.		23b. ADDRESS Stanberry, Mo.	
23c. DATE SIGNED 11-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/24/54	
24c. NAME OF CEMETERY OR CREMATORY High Ridge		24d. LOCATION (City, town, or county) (State) Stanberry Gentry Mo.	
DATE REC'D BY LOCAL REG. 11-27-54		REGISTRAR'S SIGNATURE 229 Bess Holt	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Leroy F. Phillips Stanberry, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1961 0 131

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

Foley A. Phillips
1898

Licensed Embalmer No. _____

P. O. Address

Stoneman, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.