

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40339**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **5185** Registrar's No. **37**

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give townships) Rural Cape Girardeau, Twp | | c. CITY OR TOWN Rural Cape Gir Twp | |
| c. LENGTH OF STAY (in this place) 6 weeks | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Girardeau R. R. 2 | | f. STREET ADDRESS (If rural, give location) Cape Girardeau R. R. 2 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) BELLE c. (Last) ALFORD | | | 4. DATE OF DEATH (Month) (Day) (Year) December 17, 1954 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH July 17, 1872 | | 9. AGE (In years last birthday) 82 | | 10. IF UNDER 1 YEAR Months 5 Days 0 | |
| 11. BIRTHPLACE (City and State or Foreign Country) Du Quoin, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Timothy Franklin | | 13b. MOTHER'S MAIDEN NAME Lucinda Collier | | 14. NAME OF HUSBAND OR WIFE Emory H. Alford | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Lowes | |
| | | | | ADDRESS Cape Gir., Mo. R. 2 | |

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| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema - myocardial infarction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) generalized | | | INTERVAL BETWEEN ONSET AND DEATH 4 hours 20 years |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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) 4201 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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 19, 1953**, to **Dec 17, 1954**, that I last saw the deceased alive on **Dec 17, 1954** and that death occurred at **6:20 p. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Edward D Campbell M.D. | | 23b. ADDRESS Cape Girardeau, Mo. | | 23c. DATE SIGNED 12-20-54 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 20, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery | | 24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri | |
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| DATE REC'D BY LOCAL REG. 12-20-54 | | REGISTRAR'S SIGNATURE W. C. Summers | | 25. FUNERAL DIRECTOR'S SIGNATURE Walthers Funeral Home | | ADDRESS Cape Gir., Mo. | |
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(Licensed 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 *Virgil H. Welch*.....

Licensed Embalmer No. *410*

P. O. Address *Cape Stran*

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.