

# THE DIVISION OF HEALTH OF THE STATE OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **12672**

**FILED MAY 11 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **5771** Registrar's No. **33**

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Mercer.</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural- Marian Twp.</b> |  | c. CITY OR TOWN <b>54b yrs.</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>#</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>  |  | STREET ADDRESS (If rural, give location) <b>Rural - Marian Twp.</b>   |  |

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|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>James</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Alley</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 24, 1955</b>       |   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b> | 8. DATE OF BIRTH <b>Aug. 9, 1900</b>                                 | 9. AGE (In years last birthday) <b>54</b> | IF UNDER 1 YEAR Days                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>       |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>                           | 11. BIRTHPLACE (City and State or Foreign Country) <b>Coin, Iowa</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

|   |  |                             |
|---|--|-----------------------------|
| 13a. FATHER'S NAME <b>Thomas H. Alley</b> | 13b. MOTHER'S MAIDEN NAME <b>Mary E. Sloan</b> | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

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|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>499-07-II50</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Wyona L. Cox</b> ADDRESS <b>Mercer Mo.</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause for line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Respiratory Failure</b><br>DUE TO (c) <b>Angiocardial Ischemic Disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b><br><b>2 days</b><br><b>1 yr</b> |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>3561</b>  |  | 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 type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from **Jan**, 1946, to **April 24, 1955**, that I last saw the deceased alive on **April 23, 1955**, and that death occurred at **8:05 A.M.**, from the causes and on the date stated above.

|  |                                 |                                     |
|--|---------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Gen. J. Harrison</b> | 23b. ADDRESS <b>Mercer, Mo.</b> | 23c. DATE SIGNED <b>April 25-55</b> |
|--|---------------------------------|-------------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Apr. 26, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Middle Point Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Mercer County Mo.</b> |
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|  |  |   |                               |
|--|--|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <b>5-3-55</b> | REGISTRAR'S SIGNATURE <b>Paul Moss</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>James L. Gaudin</b> | ADDRESS <b>Lineville Iowa</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1923

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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, ~~on~~ by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James L. Guendler*

Licensed Embalmer No. *39*

P. O. Address *Linville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.