FILED MAR 21 1956

STANDARD CERTIFICATE OF DEATH

State File No. 9853

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston, Mo.
d. STREET ADDRESS (If rural, give location): Finney St.

0672

3. NAME OF DECEASED (Type or Print)
a. (First): Arlie
b. (Middle): Norton
c. (Last): Ales

4. DATE OF DEATH (Month) (Day) (Year): March 1 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 7, 1889
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Ripley Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J. M. Norton
13b. MOTHER'S MAIDEN NAME: Hallie Reynolds
14. NAME OF HUSBAND OR WIFE: Frank Ales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Frank Ales — ADDRESS: Charleston, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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: 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 29, 1956, *to* Mch 1, 1956, *that I last saw the deceased alive on* Mch 1, 1956 *and that death occurred at* 930 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Presnell MD
23b. ADDRESS: C. Charleston MO
23c. DATE SIGNED: 3/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-2-56
24c. NAME OF CEMETERY OR CREMATORY: Dogwood
24d. LOCATION (City, town, or county) (State): Dogwood Miss., Missouri

DATE REC'D BY LOCAL REG.: 3/5/56
REGISTRAR'S SIGNATURE: Jean Kearney
25. FUNERAL DIRECTOR'S SIGNATURE: Edgar C. Mikle — ADDRESS: McMikle Funeral Home Charleston Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miss. Co. Health
County File MAR
Date Filed MAR 16 19

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 J. Elgin McMillie

Licensed Embalmer No. 4695

P. O. Address Charleston, M

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.