

No. 300
10-48

FILED JUL 13 1956

STANDARD CERTIFICATE OF DEATH

State File No. **21150**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **142**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Macon
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 119 N. Rutherford	

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) Charles	c. (Last) Alvord	4. DATE OF DEATH (Month) (Day) (Year) June 9, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 22, 1870	9. AGE (In years last birthday) 86	# UNDER 1 YEAR Months 3 Days 17	# UNDER 24 HRS. Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign, Country) Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Cyrus Alvord	13b. MOTHER'S MAIDEN NAME Melvine Bennett	14. NAME OF HUSBAND OR WIFE Emily Helen Itchner Alvord
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Alvord, Macon, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina Pectoris 4201		Des. Herz	

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)
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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?
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22. I hereby certify that I attended the deceased from **June 4, 1956**, to **June 9, 1956**, that I last saw the deceased alive on **June 4, 1956**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Howard Miller M.D.	(Degree or title)	23b. ADDRESS Macon	23c. DATE SIGNED 6/11/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	24d. LOCATION (City, town, or county) (State) Macon, Missouri
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DATE REC'D BY LOCAL REG. 7/6/56	REGISTRAR'S SIGNATURE Paul M. Reedy	GENERAL DIRECTOR'S SIGNATURE R. Lester Brown	ADDRESS Macon, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7.11.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 7-56.110
Date Filed 7.12.56

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 *Howard Fryling*

Licensed Embalmer No. *44*

P. O. Address *Macon*

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.