

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23553**

FILED JUL 23 1956

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4235** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annapolis		c. CITY OR TOWN Annapolis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) 0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) ALMERINE	c. (Last) ALCORN	4. DATE OF DEATH (Month) (Day) (Year) July 3 1956
-------------------------------------	--------------------------	-----------------------------	-------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar 23 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 3 Days 10	IF UNDER 24 HRS. Hours Mins.
--------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister	10b. KIND OF BUSINESS OR INDUSTRY Baptist Church	11. BIRTHPLACE (City and State or Foreign Country) Annapolis Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME John Wesley Alcorn	13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Sutton	14. NAME OF HUSBAND OR WIFE Sarah Catherine Alcorn
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louis Loyd, Annapolis 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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		5 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) 		5 yrs
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	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 55, 19**, to **7-3-56**, that I last saw the deceased alive on **6-18-56**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Carleton, M.D.	23b. ADDRESS Formington, Mo.	23c. DATE SIGNED 7-6-56
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-6-56	24c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery	24d. LOCATION (City, town, or county) (State) Annapolis, Missouri
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. 7-7-56	REGISTRAR'S SIGNATURE Mrs. Avis Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

Annell J. White

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

0470

1280

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. *Russell J. White*.....

Licensed Embalmer No. *8012*.....

P. O. Address *D. ...*

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.