

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30182**

FILED SEP 26 1956

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3813</u>		Registrar's No. <u>91</u>			
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>					
b. CITY OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (in this place) <u>11 hr.</u>		c. CITY OR TOWN <u>CAMERON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON COMMUNITY HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>407 N Cedar</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Seabury</u> c. (Last) <u>Alphin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15-56</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Feb 17 1884</u>			
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>6</u> DAYS <u>28</u>		11. BIRTHPLACE (City, town, or foreign country) <u>Hottel, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		13a. FATHER'S NAME <u>H Z Alphin</u>		13b. MOTHER'S MAIDEN NAME <u>Loonis</u>			
13c. NAME OF HUSBAND OR WIFE <u>MADIE ALPHIN</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		15. SOCIAL SECURITY NO. <u>491-42-2619</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Madie Alphin</u> ADDRESS <u>Cameron Mo.</u>			
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) <u>Cerebral Hemorrhage</u> 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 _____				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) <u>331X</u>		22. I hereby certify that I attended the deceased from <u>Oct. 1955</u> , to <u>9/15/1956</u> , that I last saw the deceased alive on <u>9/15/1956</u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		23a. SIGNATURE <u>J. D. Kimes</u> (Degree or title) <u>M.D.</u>			
23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>9-17-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 17-56</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>		24d. LOCATION (City, town, or county) (State) <u>Amity Mo</u>		DATE REC'D BY LOCAL REG. <u>9-17-56</u>		REGISTRAR'S SIGNATURE <u>Frances D. Crawford</u>			
FURNERAL DIRECTOR'S SIGNATURE <u>Poland</u>		ADDRESS <u>Furneral Home</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Cameron Mo</u>		ADDRESS _____			

(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 Robert F. Poland

Licensed Embalmer No. 4727

P. O. Address 222 West 3rd
Cannon

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.