

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33384

0190

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

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 1465

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Archie</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Archie</u> TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In School House</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Alysworth</u>		4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>13</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24, 1897</u>
9. AGE (In years, last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Custodian</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Agnew Neb.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Custodian</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bryon Alysworth</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Douglas</u>	
14. NAME OF HUSBAND OR WIFE <u>Marie Alice Alysworth</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>World War I</u>	
16. SOCIAL SECURITY NO. <u>492-38-5020</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Alice Alysworth Archie, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES <u>HYPERTENSIVE HEART DISEASE</u> 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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Archie, Mo.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Archie, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>7:15</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped</u>	
22. I hereby certify that I attended the deceased from <u>9:30 PM</u> , to <u>OCT. 13, 1956</u> , that I last saw the deceased alive on <u>OCT. 13, 1956</u> , and that death occurred at <u>7:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. J. H. Harris</u>		23b. ADDRESS <u>Harrisonville, Mo.</u>	
23c. DATE SIGNED <u>OCT. 16, 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Adrain, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adrian Bros. Archie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 16, 1956</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	

457

(Licensed Embalmer's Statement on Reverse Side)



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

Robert Atkinson

Licensed Embalmer No.

4902

P. O. Address

Hammond, Me

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 this body is not embalmed, fact should be so stated above.