

STATE FILE NUMBER

FILED MAY 6 - 1957

Registration District No. 227

Primary Registration District No. 807

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Fork Twp				c. CITY OR TOWN South Fork Twp <i>26</i> 96 Inside Limits ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry, Mo. R.F.D.				Length of stay in lb 10Yrs			
3. NAME OF DECEASED (Type or print) ALICE				4. DATE OF DEATH May 2, 1957			
5. SEX Female 6. COLOR OR RACE White				7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐			
8. DATE OF BIRTH Feb 18, 1871				9. AGE (In years last birthday) 86			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Home			
11. BIRTHPLACE (City and state or country) Pike Co, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Peter Moore				14. MOTHER'S MAIDEN NAME Unknown.			
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. None			
17. INFORMANT J.R. Beeth.				Address Perry, Mo. R.F.D.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral apoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) cardiac decompensation DUE TO (c) chronic conditions of age PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) fractured - hip: 2-1-57 left.							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐							20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour: Month, Day, Year							20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20e. CITY, TOWN, OR LOCATION Paris, Missouri.							20f. COUNTY Monroe Co, Mo.
21. I attended the deceased from 1955 to April 30-1957 and last saw her alive on 8 P.M. Death occurred at 7:45 4-3-57 P. on the date stated above; and to the best of my knowledge, from the causes stated.							22a. SIGNATURE (Degree or title) Willis S. Christman
22b. ADDRESS Paris, Missouri.							22c. DATE SIGNED 5-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial							23b. DATE 5-5-1957
23c. NAME OF CEMETERY OR CREMATORY Southfork Cemetery,							23d. LOCATION (City, town, or county) (State) Monroe Co, Mo.
24. FUNERAL DIRECTOR Clydes Leisner							25. DATE RECD. BY LOCAL REG. May 4-1957
26. REGISTRAR'S SIGNATURE J. A. Barnard							

(Licensed Embalmer's Statement on Reverse Side)

4. Health,
& Welfare
5. Public
6. Service/

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Clyde Wiley

Licensed Embalmer No. *38*

P. O. Address *Perry*

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.