

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16439

State File No. _____

FILED JUN 3 1957

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4091</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREMONT</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>FREMONT</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u>				e. STREET ADDRESS (If rural, give location) <u>FREMONT MO. 0180</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>PINKNEY</u>		c. (Last) <u>ALLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1957</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>7-4-1880</u>	
9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARTER County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARTER County MO</u>			
13a. FATHER'S NAME <u>ZIMRI ALLEY</u>		13b. MOTHER'S MAIDEN NAME <u>SALLY SNIDER</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ALICE ALLEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-05-2205</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAXINE Wilson VAN BUREN 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INTERNAL INJURIES</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>TORNADO</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>9340</u> <u>22</u>			
20. AUTOPSY? <u>2</u> YES ☐ NO ☒							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>About HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>FREMONT 018 CARTER MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 21 1957 4:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT ☒ WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>Tornado demolished HOME</u>			
22. I hereby certify that I attended the deceased from <u>D. O. B.</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Coleman M. Henson</u>				23b. ADDRESS <u>VAN BUREN MO</u>		23c. DATE SIGNED <u>5/22/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/24/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DRY VALLEY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTER County MO</u>	
DATE REC'D BY LOCAL REG. <u>May 31-57</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Coleman M. Henson Van Buren, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

50-0

RECEIVED

JUN 1 1957

CARTER COUNTY
HEALTH CENTER

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 *Allen C. McGowan*

Licensed Embalmer No. 4543

P. O. Address *Van Buren*

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.