

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

57 0 2 3 1 8 0
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Nelson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hosp.				Length of stay in lb II days		d. STREET (If outside, give location) ADDRESS R.F.D.No. I.	
3. NAME OF DECEASED (Type or print) First Samuel Middle Clyde Last Alfrey				4. DATE OF DEATH Month July Day 6th Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Aug. 21, 1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner				10b. KIND OF BUSINESS OR INDUSTRY Farm		9. AGE (In years last birthday) 67	
11. BIRTHPLACE (City and state or country) Nelson, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Samuel G. Alfrey				14. MOTHER'S MAIDEN NAME Minerva Ritchey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 499-40-3466		17. INFORMANT Mrs Clyde Alfrey, Nelson Mo. R No. I	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) prob. cerebral aneurysm DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 330x							INTERVAL BETWEEN ONSET AND DEATH 2 Wks.
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 _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from 24 June 57 to 6 July 57 and last saw him alive on 6 July 57 . Death occurred at 5-15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ralph H Jones MD (Degree or title)				22b. ADDRESS Marshall, Mo.		22c. DATE SIGNED 7-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		July 8, 1957		Nelson cemetery		Nelson Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.				25. DATE RECD. BY LOCAL REG. 7-6-57		26. REGISTRAR'S SIGNATURE Carl J. Read	

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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 em-
by me, or by....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James H. Lewis

Licensed Embalmer No. 47

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.