

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23984**

FILED JUL 22 1957

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|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 82 | | PRIMARY REG. DIST. NO. 3017 | | Registrar's No. 85 | |
| 1. PLACE OF DEATH a. COUNTY Cooper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Boonville | | c. LENGTH OF STAY (in this place) 2 Years | | c. CITY OR TOWN Boonville, | | 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 Haas Convalescent Home | | | | STREET ADDRESS (If rural, give location) 801 Third St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Alice J. | | b. (Middle) Edwards | | c. (Last) McLorn. | | 4. DATE OF DEATH (Month) (Day) (Year) July 17 1957 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Sept. 18 1872 | |
| 9. AGE (In years last birthday) 84 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Alfred Edwards. | | 13b. MOTHER'S MAIDEN NAME Virginia Stipe. | | 14. NAME OF HUSBAND OR WIFE Robert McLorn. | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) NO | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. Warnhoff, Boonville, Mo. | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis fulminans | | | | INTERVAL BETWEEN ONSET AND DEATH 2 years | |
| | | 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? 2 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from July 10 1957 , to July 17 1957 , that I last saw the deceased alive on July 17 1957 and that death occurred at 7/10 m., from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE (Degree or title) Alexandra Ravenswoody M.D. | | | | 23b. ADDRESS Boonville, Mo. | | 23c. DATE SIGNED July 19 1957 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 20 1957 | | 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove | | 24d. LOCATION (City; town; or county) (State) Boonville, Missouri. | |
| DATE REC'D BY LOCAL REG. 7/19/57 | | REGISTRAR'S SIGNATURE SS Hooper | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo. | | | |

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

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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 *Wm Wood*.....

Licensed Embalmer No. 4539.....

P. O. Address *Boonville,*.....

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.