

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39214

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1341

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph <u>0172</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2602 Eugene Fd.		Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) 2602 Eugene Field Rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Melissa Middle L. Last Alder			4. DATE OF DEATH Month Dec. Day 3, Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1907		9. AGE (In years last birthday) 50
10a. USUAL OCCUPATION (Give kind of work done during preceding life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri	
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Jacobs		13b. MOTHER'S MAIDEN NAME Bertha McKinsey	
13c. NAME OF HUSBAND OR WIFE James H. Alder		14. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. 487-14-9411	
16. INFORMANT James H. Alder, 2602 Eugene Fd., Rd.		17. ADDRESS St. Joseph, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Coronary artery disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201	
19. INTERVAL BETWEEN ONSET AND DEATH Immediate		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Rushville, Missouri		20g. COUNTY Buchanan		20h. STATE Missouri	
21. I attended the deceased from Death on arrival and last saw her alive on _____ Death occurred at 11:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE W. Carl... MD (Degree or title)		22b. ADDRESS 902 Edmund City	
22c. DATE SIGNED 12/6/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-6-57	
23c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery		23d. LOCATION (City, town, or county) Rushville, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR John... St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 10, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *John Pupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.