

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 215

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4154</u>		Registrar's No. <u>58-2</u>			
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>					
b. CITY OR TOWN <u>Greenfield</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>		c. CITY OR TOWN <u>Greenfield</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #160 + N. Main St.</u>				STREET ADDRESS (If rural, give location) <u>Highway #160 + N. Main St.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carry</u>		b. (Middle) <u>Lynn</u>		c. (Last) <u>Alkes</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 16, 1956</u>			
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 1 MRS. Hours <u>1</u> Min. <u>1</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1958</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Flint, Mich.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>John Alkes</u>		13b. MOTHER'S MAIDEN NAME <u>Arlene Sexton</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Campbell; Greenfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspirin Pneumonia</u> 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. INTERVAL BETWEEN ONSET AND DEATH _____				19. DATE OF OPERATION _____		20. AUTOPSY? ☒ YES ☐ NO	
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) <u>491X</u>		22. I hereby certify that I attended the deceased from <u>Dec. 25, 1957</u> , to <u>Jan 2, 1958</u> , that I last saw the deceased alive on <u>Jan 2, 1958</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		23a. SIGNATURE (Degree or title) <u>M. J. R. Schuch</u>			
23b. ADDRESS <u>Greenfield, Mo.</u>		23c. DATE SIGNED <u>1-9-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>					
24b. DATE <u>Jan. 8, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pennsboro, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>			
DATE REC'D BY LOCAL REG. <u>1-9-58</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		ADDRESS <u>Greenfield, Mo.</u>					

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.....

J. C. Canada

Licensed Embalmer No. 419

P. O. Address

Greenfield

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.