

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022387

STATE FILE NUMBER

FILED JUN 25 1958

Registration District No.

170

Primary Registration District No.

5626

Registrar's No.

100

300
1-57
530
4

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Edmond</u>		c. CITY OR TOWN <u>PLAD</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Grove Rest Home</u>		Length of stay in lb <u>3 wks.</u>	
3. NAME OF DECEASED (Type or print) First <u>Ethel</u> Middle <u>-</u> Last <u>ALFrey</u>		4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH <u>July 22, 1903</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. FATHER'S NAME <u>Robt. Chapman</u>		10b. MOTHER'S MAIDEN NAME <u>Francis Chapman</u>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. NAME OF HUSBAND OR WIFE <u>Geo. ALFrey</u>		14. SOCIAL SECURITY NO. <u>none</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>multiple sclerosis</u>		16. BIRTHPLACE (City and state or country) <u>Dallas County, Mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <u>345X</u>		17. INFORMANT Address <u>Geo. Chapman PLad, Mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		18. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
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 <u>-</u> Month, Day, Year <u>-</u> a.m. <u>-</u> p.m. <u>-</u>		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 <u>9/20</u> to <u>A</u> and last saw <u>her</u> alive on <u>May 1958</u> Death occurred at <u>9/20</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. Carrington</u> (Degree or title) <u>m.d.</u>		22b. ADDRESS <u>PLad, Mo.</u>	
22c. DATE SIGNED <u>6/9/1958</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>6/8/1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PLad, Burial</u>	
23d. LOCATION (City, town, or county) <u>Dallas Co. Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Clyde Montgomery</u> ADDRESS <u>Buffalo, Mo</u>		25. DATE REG. BY LOCAL REG. <u>6-16-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.

Received JUN 23 1958

Laclede County Health Unit

File No. 100

Date Filed JUN 23 1958

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 Alyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.