

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022866
STATE FILE NUMBER

FILED JUN 25 1958

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 62

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| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DOLIVAR | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Eudora |
| c. FULL NAME OF DECEASED IRUMAN J. ALCOTT HOSPITAL OR INSTITUTION Pleasant View Nursing Home | | Length of stay in 1b 19 days | STREET ADDRESS (If outside, give location) 0840 |
| 3. NAME OF DECEASED (Type or print) First IRUMAN Middle J. Last ALCOTT | | 4. DATE OF DEATH Month 6 Day 18 Year 58 | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept 7, 1881 |
| 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) retired grocerman | | 10b. KIND OF BUSINESS OR INDUSTRY grocery store | 11. BIRTHPLACE (City and state or country) Michigan |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME unknown | |
| 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Annie Alcott | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none? | 17. INFORMANT Address Lily Louisa - Eudora - 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) Cerebral apoplexy | | | INTERVAL BETWEEN ONSET AND DEATH 4 hours |
| Conditions, if any, which gave rise to above cause (a), (b), or (c), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 334X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WORK <input checked="" type="checkbox"/> | | 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 6/14/58 to 6/18/58 and last saw her alive on 6/18/58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Dr McCreary (Degree or title) | | 22b. ADDRESS Bellevue Mo | 22c. DATE SIGNED 6/18/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6-20-58 | 23c. NAME OF CEMETERY OR CREMATORY Eudora Cemetery | 23d. LOCATION (City, town, or county) (State) Eudora - Mo. |
| 24. FUNERAL DIRECTOR Brenn - Daniel - Walnut Grove | | 25. DATE RECD. BY LOCAL REG. June 21, 1958 | 26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewel Mack |

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Raymond L. Lawrence*
Licensed Embalmer No. *4702*
P. O. Address *Am. Iron*

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.