

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026383

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 261 Primary Registration District No. 4373 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) (Specify institution) a. STATE MO b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Barnard		c. CITY OR TOWN Barnard	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First JOHN Middle LUTHER Last ALFORD		4. DATE OF DEATH Month 7 Day 14 Year 1958	
5. SEX male	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 4 27 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and state or country) Cario, Nebr.
13a. FATHER'S NAME Edward T.N. Alford		13b. MOTHER'S MAIDEN NAME Ellen F Scott	14. NAME OF HUSBAND OR WIFE Mrs Emily Alford
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. 492 40 5741	17. INFORMANT Mrs Emily Alford, Barnard, Mo.
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 Cardiac Dilatation			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Cardio-Vascular-Renal Disease			Several months
DUE TO (c) Diabetes Mellitus			260X Several years
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 WHILE AT 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 COUNTY STATE	
21. I attended the deceased from Feb 18 1958 to July 14 1958 and last saw her alive on July 14, 1958 Death occurred at 11:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.A. Johnson, M.D.		22b. ADDRESS Manville, Mo.	22c. DATE SIGNED 7-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/17/1958	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d. LOCATION (City, town, or country) (State) Barnard Mo
24. FULL-TIME DIRECTOR M. Steiner		25. DATE RECD. BY LOCAL REG. 7-29-58	26. REGISTRAR'S SIGNATURE Bess Bolt

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 4 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 *A M Atkinson*

Licensed Embalmer No. *3279*
P. O. Address *Marquillet*

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.