

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043615

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No.

82

Primary Registration District No.

3017

Registrar's No.

170

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u> OR TOWN Inside Limits Yes ☒ No ☐		c. CITY <u>Pilot Grove</u> OR TOWN Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) <u>Mass Nursing Home</u> HOSPITAL OR INSTITUTION Length of stay in lb <u>1 year</u>		d. STREET ADDRESS (If outside, give location) <u>—</u> Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>ROTHWELL</u> Middle <u>-WRIGHT</u> Last <u>ALVERSON</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>19</u> Year <u>1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH <u>Sept. 23, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (City and state or country) <u>Sherrill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Louanna Belle Alverson</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Mr. Clyde Pettit, Blackwater, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>chr. nephritis</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>592X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</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> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u>		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Boonville Mo</u> COUNTY <u>—</u> STATE <u>—</u>	
21. I attended the deceased from <u>8-8-58</u> to <u>12-19-58</u> and last saw <u>her</u> alive on <u>12-18-58</u> Death occurred at <u>11:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>T.C. Beckett MD</u> (Degree or title) <u>—</u>		22b. ADDRESS <u>Boonville Mo</u>	
22c. DATE SIGNED <u>12-20-58</u>		22d. NAME OF EMBALMER <u>—</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 20, 58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove, Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo.</u>	
24. FUNERAL DIRECTOR <u>Hays - Painter, Pilot Grove, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12/21/58</u>	
26. REGISTRAR'S SIGNATURE <u>—</u>		26. REGISTRAR'S SIGNATURE <u>—</u>	

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.

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 *Robert L. Painter*

Licensed Embalmer No. *469*

P. O. Address *Pilot Grove*

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.