

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016536  
STATE FILE NUMBER

FILED MAY 5 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 106

300  
1-57

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#2		d. STREET ADDRESS R#2	
3. NAME OF DECEASED (Type or print) First Middle Last Harry Bartholomew Alley		4. DATE OF DEATH Month Day Year April 5 1959	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 24, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Bates County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harold Alley	
13b. MOTHER'S MAIDEN NAME Mary Sage		14. NAME OF HUSBAND OR WIFE Honor Alley	
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. 4201	
17. INFORMANT Mrs. Honor Alley		Address R#2, Nevada, 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) Sudden Coronary Occlusion. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery disease. DUE TO (c) ✓ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None.			INTERVAL BETWEEN ONSET AND DEATH Sudden Death. Don't know.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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.) Nevada - Vernon - Mo.	
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from April 5/59. Deceased on my arrival last saw him alive on deceased on my arrival. Death occurred at 10 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. B. Love M.D.		22b. ADDRESS Nevada, Mo.	
22c. DATE SIGNED 4-8-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 8, 1959	
23c. NAME OF CEMETERY OR CREMATORY Naponee Cemetery		23d. LOCATION (City, town, or county) (State) Naponee Neb	
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 5-2-1959	
26. REGISTRAR'S SIGNATURE Anna E. Ferry			

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 *L. Douglas Jones* .....

Licensed Embalmer No. *4960* .....

P. O. Address *Hamada, Md.* .....

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.