

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018081

STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 159

Primary Registration District No. 4241

Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Oak Grove
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Duncan St.		Length of stay in lb 10 yrs	700 ^d STREET ADDRESS (If outside, give location) Duncan St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Vertie Ann Alford			4. DATE OF DEATH Month Day Year May 30 1959			
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5. SEX Female	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 April 23 1892	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Oak Grove Mo	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John Hudson	13b. MOTHER'S MAIDEN NAME Marjetta Austin	14. NAME OF HUSBAND OR WIFE Arthur - Deceased
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown)) (If yes, give war or force of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Maurine Johnson	Address Oak Grove Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH 10 Min.
DUE TO (b) Cerebral Hemorrhage		
DUE TO (c)		2 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		

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.)
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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
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21. I attended the deceased from 19 56 ^c to May 30, 59 and last saw her alive on May 30, 59 Death occurred at 10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) M.D.	22b. ADDRESS Oak Grove, Mo.	22c. DATE SIGNED 6/1/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-1-1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) (State) Oak Grove MO
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24. FUNERAL DIRECTOR Webb Funeral Home	ADDRESS me.	25. DATE RECD. BY LOCAL REG. 6-4-1959	26. REGISTRAR'S SIGNATURE D. B. Ferguson
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path, Welfare Public Service
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 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 *William Free*

Licensed Embalmer No. *4733*

P. O. Address *Blue Springs*

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.