

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034860

FILED VS SEP 22 1959 324

STATE FILE NUMBER

Registration District No. Primary Registration District No. 30720 Registrar's No. 147

ENDED

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>                                                                                                                                                                                                               |                                                                                          |                                                                                                                                                             |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b> |                                           |                                                                                                                                                                      |                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Marshall</b>                                                                                                                                                                       |                                                                                          | Length of stay in 1b<br><b>40 years</b>                                                                                                                     |                                      | c. CITY OR TOWN <b>Marshall</b>                                                                                                           |                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 |                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Fitzgibbon hospital</b>                                                                                                                                                  |                                                                                          | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        |                                      | d. STREET ADDRESS (If outside, give location)<br><b>980 South Salt Pond</b>                                                               |                                           | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                |                              |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Meril</b> Middle <b>Justus</b> Last <b>Alderman</b>                                                                                                                                                     |                                                                                          |                                                                                                                                                             |                                      | 4. DATE OF DEATH<br>Month <b>September</b> Day <b>16th</b> Year <b>1959</b>                                                               |                                           |                                                                                                                                                                      |                              |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                      | 6. COLOR OR RACE<br><b>White</b>                                                         | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-27-1884</b> | 9. AGE (last birthday)<br><b>75</b>                                                                                                       | IF UNDER 1 YEAR<br>Months Days Hours Min. |                                                                                                                                                                      | IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Proprietor</b>                                                                                                                                           |                                                                                          | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Dept. store</b>                                                                                                     |                                      | 11. BIRTHPLACE (City and state or country)<br><b>Savannah, Missouri</b>                                                                   |                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                                            |                              |
| 13a. FATHER'S NAME<br><b>Carlos J. Alderman</b>                                                                                                                                                                                                            |                                                                                          | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Greenlea</b>                                                                                                      |                                      | 14. NAME OF HUSBAND OR WIFE<br>-----                                                                                                      |                                           |                                                                                                                                                                      |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                   |                                                                                          | 16. SOCIAL SECURITY NO.<br><b>487-01-3883</b>                                                                                                               |                                      | 17. INFORMANT<br><b>Kenneth Sargent, Marshall, Missouri</b>                                                                               |                                           |                                                                                                                                                                      |                              |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute coronary thrombosis</b>                                                                                           |                                                                                          |                                                                                                                                                             |                                      |                                                                                                                                           |                                           | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>                                                                                                                    |                              |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                                                                                                         |                                                                                          |                                                                                                                                                             |                                      |                                                                                                                                           |                                           |                                                                                                                                                                      |                              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                                                                                                          |                                                                                          |                                                                                                                                                             |                                      |                                                                                                                                           |                                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                              |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                                                                                                                                                                                |                                                                                          |                                                                                                                                                             |                                      |                                                                                                                                           |                                           |                                                                                                                                                                      |                              |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT 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 <b>Sept. 15, 1959</b> to <b>Sept. 16, 1959</b> and last saw him alive on <b>Sept. 16, 1959</b><br>Death occurred at <b>10:20 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated |                                                                                          |                                                                                                                                                             |                                      |                                                                                                                                           |                                           |                                                                                                                                                                      |                              |
| 22a. SIGNATURE<br><b>C. A. McBurney, M.D.</b>                                                                                                                                                                                                              |                                                                                          |                                                                                                                                                             | 22b. ADDRESS<br><b>Stater, Mo.</b>   |                                                                                                                                           | 22c. DATE SIGNED<br><b>9/17/59</b>        |                                                                                                                                                                      |                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                 | 23b. DATE<br><b>9-18-1959</b>                                                            | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ridge Park cemetery</b>                                                                                            |                                      | 23d. LOCATION (City, town, or county)<br><b>Marshall, Missouri</b>                                                                        |                                           |                                                                                                                                                                      |                              |
| 24. FUNERAL DIRECTOR<br><b>Campbell-Lewis, Marshall, Mo.</b>                                                                                                                                                                                               |                                                                                          | 25. DATE RECD. BY LOCAL REG.<br><b>9-17-'59</b>                                                                                                             |                                      | 26. REGISTRAR'S SIGNATURE<br><b>Cecil H. Read</b>                                                                                         |                                           |                                                                                                                                                                      |                              |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Oct 23 1989

### 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

*James H. Lewis*

Licensed Embalmer No. *4709*

P. O. Address

*Marshall, W.*

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.