

# JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041340

FILED VS NOV 20 1959

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3006 Registrar's No. 257

MEANED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>109 Halleck</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>109 Halleck</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>JOHNNY BAXTER ALAGY</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>Nov. - 5 - 1959</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Colored</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Oct-16-1900</u>	
<b>9. AGE</b> (last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Meat Curer</u>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Moberly Packing Co.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Steinmetz Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>			
<b>13a. FATHER'S NAME</b> <u>Elsia Alagy</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jennie Wood</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>				<b>16. SOCIAL SECURITY NO.</b> <u>486-16-7552</u>		<b>17. INFORMANT</b> Address <u>Mrs. Ethel Davis Moberly Mo</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause by for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>11/5/59</u> to <u>0650</u> and last saw her alive on _____ Death occurred at _____ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Kalest Harrison, M.D.</u>				<b>22b. ADDRESS</b> <u>121 S. Lewis Moberly</u>		<b>22c. DATE SIGNED</b> <u>11/6/59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>Nov 8 - 1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Oakland Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Moberly Missouri</u> (State)	
<b>24. FUNERAL DIRECTOR</b> <u>Cater Funeral Home Moberly Mo</u> ADDRESS				<b>25. DATE RECD. BY LOCAL REG.</b> <u>11-8-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Rebecca Lowe</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 20 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James P. Carter*

Licensed Embalmer No. *4906*

P. O. Address

*Moberly, Mo.*

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.