

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-046689
STATE FILE NUMBER

FILED VS JAN 18 1960

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 1

V. S. 300
Rev. 1-57
402

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Grundy		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hospital		Length of stay in 1b 2 days	4 ⁶ STREET ADDRESS (If outside, give location) 6		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nina Middle Diane Last Alley			4. DATE OF DEATH Month Dec. Day 15 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 13, 1959		9. AGE (In years last birthday) FUNDER 1 YEAR Months 2 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Trenton Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lloyd Alley		13b. MOTHER'S MAIDEN NAME Marilyn Cox		14. NAME OF HUSBAND OR WIFE	
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. None	17. INFORMANT Lloyd Alley Address Mercer, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Virus infection					INTERVAL BETWEEN ONSET AND DEATH 2 days
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)					19. WAS AUTOPSY PERFORMED? 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 Hour _____ 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	
21. I attended the deceased from Dec 13th 1959 to Dec 15th 1959 and last saw her/him alive on Dec 15th 1959 Death occurred at 10:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Oliver P. Jeffrey			22b. ADDRESS Trenton, Mo.		22c. DATE SIGNED 12/15/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Lowry Cemetery		23d. LOCATION (City, town, or county) Mercer County, Mo.
24. FUNERAL DIRECTOR Ames Greenlee, Lineville, Iowa.			25. DATE RECD. BY LOCAL REG. 1-9-60	26. REGISTRAR'S SIGNATURE Jane Fair	

Review the medical certification in the specific manner required by 193.140 MoRS 1949.
 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
 MEDICAL CERTIFICATION

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, ~~as by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James L. Greener*

Licensed Embalmer No. *3967*

P. O. Address *Lincolnton, N.C.*

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.