RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-014209
STATE FILE NUMBER

IDED

FILED VS MAY 3 1960 38 Registrar's Subdistrict No. Primary Registration District No. 5122 Registrar's No. 250

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hallsville Rocky Fork Twnship
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1 Mile northeast of Hallsville
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Rt. 1 Hallsville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 mi. northeast of Hallsville
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Benjiman Middle Harrison Last Algiere

4. DATE OF DEATH: Month April Day 20 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6-17-1889

9. AGE (last birthday): 70
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Washington County Mo USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Anthony Algiere

13b. MOTHER'S MAIDEN NAME: Mary Baker

14. NAME OF HUSBAND OR WIFE: Lena Carlos Algiere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 360-03-3721

17. INFORMANT Address: Mrs. Kenneth Davis 210 St. Joe St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Coroner's Case and last saw her/him alive on
Death occurred at approx 9 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vincent P. Perna, M.D. Coroner

22b. ADDRESS: Univ. of Mo Med Center

22c. DATE SIGNED: 23 April 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-25-1960

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): Columbia, Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service Columbia, Mo

25. DATE RECD. BY LOCAL REG.: April 25-60

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

MA

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.