

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020162

FILED VS MAY 20 1960 17

Registration District No. 3045 Primary Registration District No. Registrar's No. 29

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston, Mo.		Length of stay in 1b 69 Yrs		c. CITY OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 111 Center St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Carrie Effie Alvey				4. DATE OF DEATH Month Day Year April 29, 1960			
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 12/1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Clerk		10b. KIND OF BUSINESS OR INDUSTRY Store & Cafe		11. BIRTHPLACE (City and state or country) Bertrand, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Phillips			13b. MOTHER'S MAIDEN NAME Agnes Phillips		14. NAME OF HUSBAND OR WIFE Edward Alvey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-32-9838		17. INFORMANT Address Mrs. Betty Litchford, Colama, Mich			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coroner of Miss. Co. notified DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
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		
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.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Donald B. Hathorn Registrar				22b. ADDRESS Charleston, Mo.		22c. DATE SIGNED May 3, 1960	
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE 5/2/60	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F.		23d. LOCATION (City, town, or county) Charleston, Mo.		
24. FUNERAL DIRECTOR Mc Mickle Charleston, Mo.				25. DATE RECD. BY LOCAL REG. May 3, 1960		26. REGISTRAR'S SIGNATURE Donald B. Hathorn	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Elgin McMillan*

Licensed Embalmer No. 4693

P. O. Address Charlotte

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