

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037405

FILED IN OCT 18 1960  
 UNDECEASED

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 71 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Township</u>	Length of stay in 1b <u>9 years</u>	c. CITY OR TOWN <u>Rural approx. 16 mi. S.E. of Fredericktown</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>approx. 16 miles S.E. of Fredericktown</u>		d. STREET ADDRESS <u>Union Township</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jewel</u> Middle <u>(Julia)</u> Last <u>Sophie Alford</u>			4. DATE OF DEATH Month <u>October</u> Day <u>7</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-10-1891</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jerseyville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bayer</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Foester</u>		14. NAME OF HUSBAND <u>DECEASED</u> <u>Hazel Alford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>Unknown</u> ) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mr. Hazel Alford - R.F.D. - Patton, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial Infarction</u>	
	DUE TO (c) <u>Arterio sclerosis</u>	
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 <u>Feb. 29, 1960</u> to <u>Oct. 7, 1960</u> and last saw her <u>alive</u> on <u>Sept. 2, 1960</u> Death occurred at <u>12:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>James S. Butten, D.O.</u> (Degree or title)		22b. ADDRESS <u>Fredericktown, Mo.</u>		22c. DATE SIGNED <u>10-7-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-10-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Burial Park</u>	23d. LOCATION (City, town, & county) (State) <u>St. Louis Missouri</u>		
24. FUNERAL DIRECTOR <u>J. Adamson</u>		ADDRESS <u>Fredericktown, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 9 - 60</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

APR 19 1961

**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 *F. Adamson*

Licensed Embalmer No. 4357  
P. O. Address. FREDERIC

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.