

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018128
STATE FILE NUMBER

AMENDED

Registration District No. 288 Primary Registration District No. 3036 Registrar's No. 47

FILED MAY 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Aurora</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>Aurora Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Aurora Townshin</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES OAKLEY ALTON</u>			4. DATE OF DEATH Month Day Year <u>May 12, 1961</u>	
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5. SEX <u>Male</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>9/1/98</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Greighton, Neb.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>George Alton</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Elwood</u>	14. NAME OF HUSBAND OR WIFE <u>Mattah Lou Alton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>- - - - -</u>	17. INFORMANT <u>Mattah Lou Alton; Aurora, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Embolus, Cerebral, Massive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
DUE TO (b) <u>Pneumonia Lobar, Right Lobar.</u>		<u>1 Day.</u>
DUE TO (c) <u>Myocardial, Failure, Acute.</u>		<u>30 days</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 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.)
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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
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21. I attended the deceased from <u>May 9, 1961</u> to <u>May 12, 1961</u> and last saw him alive on <u>May 12, 1961</u> Death occurred at <u>1:45 p.m.</u> of the date stated above, and to the best of my knowledge from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Hennett L. Felacy M.D.</u>	22b. ADDRESS <u>Aurora, Mo.</u>	22c. DATE SIGNED <u>5/13/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5/14/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Manle Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>Aurora, Mo.</u>
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24. FUNERAL DIRECTOR <u>Arnold's Funeral Home; Aurora, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-15-1961</u>	26. REGISTRAR'S SIGNATURE <u>Minnie McEath, Deputy</u>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 23 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Irwin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.