

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020608

STATE FILE NUMBER

AMENDED

Registration District No. **53**
FILED JUN 26 1961

Primary Registration District No. **3010**

Registrar's No. **250**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

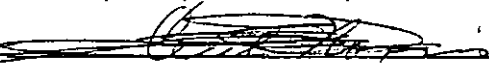
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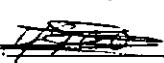
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill b. COUNTY Union			
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau			Length of stay in lb 4 hours		c. CITY OR TOWN RD No 1 A		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS RD No 1 A		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) John Quincy Alger				4. DATE OF DEATH Month June Day 18th Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1/22/1871		9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Union County, Ill		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Quincy Alger			13b. MOTHER'S MAIDEN NAME Parlee Mc New			14. NAME OF HUSBAND OR WIFE none	
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 Charles E. Salter Address Jonesboro, Ill		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction 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							INTERVAL BETWEEN ONSET AND DEATH 1 day
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 June 18, 61 to June 18, 61 and last saw her/him alive on June 18, 61 Death occurred at 12 noon on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles E. Salter MD (Degree or title)				22b. ADDRESS Cape Girardeau Mo		22c. DATE SIGNED 6/19/61 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 20-1961	23c. NAME OF CEMETERY OR CREMATORIUM Jonesboro		23d. LOCATION (City, town, or county) Jonesboro		23e. STATE Ill	
24. FUNERAL DIRECTOR Cecil Norris ADDRESS Jonesboro, Ill			25. DATE RECD. BY LOCAL REG. 6-19-61		26. REGISTRAR'S SIGNATURE Dennis Kasten		

Chas. F. Bod

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 _____



Licensed Embalmer No. 4900

P. O. Address Jonestown

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.