

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041892

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 178

FILED DEC 8 1961

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Hayti

Length of stay in 1b
1 da.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Pemiscot Memorial Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

New Madrid

c. CITY
OR
TOWN Lilbourn

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)

Route 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

William

G.

Alford

4. DATE
OF
DEATH

Month

Day

Year

Sept. 16, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

12-12-1908

9. AGE (last birthday)

52

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)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Trenton, Tenn

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Nellie Monroe Alford

13b. MOTHER'S MAIDEN NAME

Mollie E. Young

14. NAME OF HUSBAND OR WIFE

XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

XX

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Albert Alford, Rt. 1, Lilbourn Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident

INTERVAL BETWEEN
ONSET AND DEATH
15 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

Partial Right Hemiplegia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

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 4/26/61 to 9/16/61 and last saw him alive on 9/16/61
Death occurred at 1000 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Daniel R. Hensley MD

Lilbourn Mo

12/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-18-61

23c. NAME OF CEMETERY OR CREMATORY

East Woodlawn

23d. LOCATION (City, town, or county)

Hayti, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Osburn Funeral Home, Hayti, Mo.

12-5-61

Charlotte E. Sloan

VS DEC 8 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

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Hayti, 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.