

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000202

STATE FILE NUMBER

AMENDED

Registration District No.

38

Primary Registration District No.

2006

Registrar's No.

82

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY

Boone

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

a. STATE

Missouri

b. COUNTY

Boone

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

OR TOWN

Columbia

Length of stay in 1b

15 Years

c. CITY OR TOWN

Columbia

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Boone County Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

813 Virginia Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

IDRESS

ALVORD

4. DATE OF DEATH

Month

Day

Year

February 3, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-2-1873

9. AGE (last birthday)

88

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)

Librarian

10b. KIND OF BUSINESS OR INDUSTRY

Librarian

11. BIRTHPLACE (City and state or country)

Randolph Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Calhoun Head

13b. MOTHER'S MAIDEN NAME

Susan Wallace

14. NAME OF HUSBAND OR WIFE

Clarence W. Alvord

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.

17. INFORMANT

Address

Mrs. Claudia G. Marschall, Columbia, 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)

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)

Fracture Rt. Femur

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

Month, Day, Year

a.m.

p.m.

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

Death occurred at

1952 Feb 3-1962 8:00 P.M.

to

Feb 3-1962

and last saw her alive on

Feb 3-1962

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-6-1962

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

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

Palmyra, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 5 1962

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.