

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007349

STATE FILE NUMBER

Registration District No. 255 Primary Registration District No. 4387 Registrar's No. 4

**FILED** MAR 13 1962

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Alton</b>		Length of stay in 1b <b>28 year</b>	c. CITY OR TOWN <b>Alton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Route</b>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Frank</b> Last <b>Alford</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>7</b> Year <b>1962</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-18-1885</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Dallas Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Owen Alford</b>	13b. MOTHER'S MAIDEN NAME <b>Cordelia Hayes</b>	14. NAME OF HUSBAND OR WIFE <b>Lila Rogers</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Nellie Phelps, Calvert City, Ky.</b>
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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) <b>A. heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis &amp; hypertension</b>	
	DUE TO (c) <b>Stroke</b>	

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
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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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Thu 2:15 A.</b> to <b>Thu 7 AM</b> and last saw him alive on <b>Feb 5 1962</b>	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>[Signature]</b> (Degree or title)	22b. ADDRESS <b>[Signature]</b>	22c. DATE SIGNED <b>Mar-3-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-8-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cotton Creek Cemetery</b>	23d. LOCATION (City, town, or county) <b>Couch, Missouri</b>	(State)
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24. FUNERAL DIRECTOR <b>Carter Funeral Home, Thayer, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Mar. 3 - 62</b>	26. REGISTRAR'S SIGNATURE <b>Mrs W E Johnson</b>
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AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Richard Carter

Licensed Embalmer No. 4570

P. O. Address West Plains, 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.