

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010173

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

59

Primary Registration District No.

Registrar's No. 50

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED MAR 21 1962

a. COUNTY

CASS

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

PECULIAR

Length of stay in 1b

6 yrs

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

at his home

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

CASS

c. CITY

OR TOWN
PECULIAR

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

HENRY

Middle

A.

Last

ALCORN

4. DATE
OF
DEATH

Month

3 -

Day

15 - 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8-16-1900

9. AGE (last birthday)

61

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)

Rubber Vulcanizer

10b. KIND OF BUSINESS OR INDUSTRY

Tire

11. BIRTHPLACE (City and state or country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

J.H. ALCORN

13b. MOTHER'S MAIDEN NAME

(unknown) Hatfield

14. NAME OF HUSBAND OR WIFE

ANASTASIA ALCORN

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

UNKNOWN

16. SOCIAL SECURITY NO.

487-38-8288

17. INFORMANT

Mrs. H.A. ALCORN Peculiar, 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)

CONGESTIVE HEART FAILURE

INTERVAL BETWEEN ONSET AND DEATH

4 WKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSECTROTIC HEART DIS

2 YRS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

MYOCARDIAL INFARCTION FEB 3 1962

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

☐ Yes ☒ No ☐ Unknown19. 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.

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 5/7/60 to 3/15/62 and last saw him alive on 3/15/62

Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

HARRISONVILLE Mo

22c. DATE SIGNED

3/17/62

23a. BURIAL, CREMATION REMOVAL (Specify)

BURIAL

23b. DATE

3-17-1962

23c. NAME OF CEMETERY OR CREMATORY

WILLS Cemetery

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

PECULIAR, Missouri

24. FUNERAL DIRECTOR

ADDRESS

ATKINSON-DICKY HARRISONVILLE, Mo.

25. DATE RECD. BY LOCAL REG.

3-17-62

26. REGISTRAR'S SIGNATURE

P. Ray Sebeck

MAY 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 Robert W. Dickinson

Licensed Embalmer No. 7902

P. O. Address Lawrenceville, 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.