

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010680

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 141

Primary Registration District No. 5551

Registrar's No. 52

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY Howell

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

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Hwy. 160 S.Inside Limits
Yes ☒ No ☐

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

a. STATE Mo

b. COUNTY Howell

admission)

c. CITY OR TOWN West Plains

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Lebo Rt.Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Jamie Pauline Alley

4. DATE OF DEATH

Month Day Year
March 26, 1962

5. SEX

f

6. COLOR OR RACE

wht.

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-17-1947 14 yrs.

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

student

10b. KIND OF BUSINESS OR INDUSTRY

Student

11. BIRTHPLACE (City and state or country)

French Camp., Calif U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

James Paul Alley

13b. MOTHER'S MAIDEN NAME

Grace Martz

14. NAME OF HUSBAND OR WIFE

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

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Address

Bruce Martz, West Plains, 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)

Struck by car Hiway 160 S. at South Fork

INTERVAL BETWEEN ONSET AND DEATH

inst.

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

DUE TO (b)

when approaching hiway from between two

DUE TO (c)

parked cars, (internal injuries)

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 ☐ 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.)

Struck by car, instant death

20c. TIME OF INJURY

Hour Month, Day, Year
4:15 a.m. 3-26-6220d. 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.)
highway accident

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

South Fork, Howell, Missouri

21. I attended the deceased from _____ and last saw her alive on _____

Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank Cook Coroner

(Degree or title)

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

3/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

3-29-1962

23c. NAME OF CEMETERY OR CREMATORY

South Fork, Cemetery

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

South Fork, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Robertson's, West Plains, Mo.

25. DATE RECD. BY LOCAL REG.

3-30-62

26. REGISTRAR'S SIGNATURE

Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

VS 300
Rev. 4/59

1 0460

2 0460

3

4

5

6

7

8

9

10

11 046

12 91-3

13 1-0

MAY 8 1962

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 *A. S. Rafter*

Licensed Embalmer No. 3432

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.