

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033651

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10109

20300

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 508

FILED SEP 17 1962

1. PLACE OF DEATH
 a. COUNTY BOONE
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b 2 wks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. of Mo. Med. Center Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Dallas
 c. CITY OR TOWN Conway Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Rt. 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Wallace Stanley ALFORD
 4. DATE OF DEATH Month Day Year
9 7 62

5. SEX Male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8-8-62 9. AGE (last birthday) 1 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) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) Marshfield, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Irvin ALFord 13b. MOTHER'S MAIDEN NAME Virginia white 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. — 17. INFORMANT U.M. Med. Center - Records - Columbia, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pulmonary Congestion INTERVAL BETWEEN ONSET AND DEATH
 DUE TO (b) Atrio-septal plexy
 DUE TO (c) Transposition of the Great Vessels
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None 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 Aug 23, 1962 to Sept 7, 1962 and last saw him alive on Sept 7, 1962
 Death occurred at 11:09 PM. 9/7/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Harry Stoekle 22b. ADDRESS MO. Columbia Mo. 22c. DATE SIGNED 9/7/62

23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL 23b. DATE 9-10-62 23c. NAME OF CEMETERY OR CREMATORY Gamm Cem. 23d. LOCATION (City, town, or county) (State) Buffalo, Mo.

24. FUNERAL DIRECTOR Montgomery Funeral Home ADDRESS Buffalo, Mo. 25. DATE RECD. BY LOCAL REG. Sept. 8, 1962 26. REGISTRAR'S SIGNATURE Mr. R.E. Palmer

(I, the undersigned, declare that the foregoing is a true and correct statement of the facts and circumstances surrounding the death of the deceased, and that the same is true and correct to the best of my knowledge and belief.)

USE BLACK INK OR TYPEWRITER RIBBON

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 Vermon H. Vreets

Licensed Embalmer No. 5083

P. O. Address Buffalo, N.Y.

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.