

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039500

STATE FILE NUMBER

NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 210

Primary Registration District No. \_\_\_\_\_

Registrar's No. 59

FILED OCT 22 1962

## 1. PLACE OF DEATH

a. COUNTY

Mercer

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

OR  
TOWN Marian Twp.

Length of stay in 1b

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

a. STATE Mo.

b. COUNTY Mercer

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Own HomeInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Marian Twp.Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

James

Alley

4. DATE OF DEATH

Month

Day

Year

Aug. 1, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

May 4, 1876

## 9. AGE (last birthday)

86

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Mln.

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

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

## 11. BIRTHPLACE (City and state or country)

Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William T. Alley

## 13b. MOTHER'S MAIDEN NAME

Martha Ann Alley

## 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)

No

## 16. SOCIAL SECURITY NO.

498-40-5843

## 17. INFORMANT

Claud Alley

## Address

Mercer, 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

1 day

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

## DUE TO (b)

Hypertensive Heart Disease

yrs

## DUE TO (c)

Arterio sclerosis

yrs

## 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.)

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 10 July 1962 to Aug 1-1962 and last saw him alive on Aug 1-62  
Death occurred at 10 July m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug 2, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Alley Cemetery

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

Mercer County, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Ames Greehlee

Lineville Iowa

## 25. DATE RECD. BY LOCAL REG.

10-16-62

## 26. REGISTRAR'S SIGNATURE

Joe Mass

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

86.50

206.50

3

4 0

5 0

6

7 0

8 0

9443X

10

11

12 90-2

13 1-1

**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

*James L. Granda*

Licensed Embalmer No.

*3967*

P. O. Address

*Lincolnton, N.C.*

**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.

*None obtained 10-16-62 M.M.*