

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039622  
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 199

DO NOT WRITE ON THIS STUD

AMENDED

|   |   |   |   |
|---|---|---|---|
| <b>FILED NOV 9 1962</b>   |   |   |   |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Pemiscot</u><br>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> Length of stay in lb <u>23 das.</u><br>c. FULL NAME OF HOSPITAL OR INSTITUTION (if NOT in hospital, give location) <u>Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u><br>c. CITY OR TOWN <u>Pascola</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <u>Gen Del</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |   |
| <b>3. NAME OF DECEASED</b> First <u>Marion</u> Middle <u>Zackery</u> Last <u>Alvis</u>  |   |   |   |
| <b>4. DATE OF DEATH</b> <u>November 3, 1962</u>   |   |   |   |
| <b>5. SEX</b> <u>Male</u>   | <b>6. COLOR OR RACE</b> <u>White</u>  | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> | <b>8. DATE OF BIRTH</b> <u>11-23-1893</u>                                   |
| <b>9. AGE</b> (last birthday) <u>68</u>   |   | <b>IF UNDER 1 YEAR</b><br>Months <u>        </u> Days <u>        </u>   | <b>IF UNDER 24 HR</b><br>Hours <u>        </u> Min. <u>        </u>         |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>   |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>   | <b>11. BIRTHPLACE</b> (City and state or country) <u>Arkansas</u>           |
| <b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>  |   | <b>13a. FATHER'S NAME</b> <u>William George Alvis</u>   |   |
| <b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Ann Richardson</u>   |   | <b>14. NAME OF HUSBAND OR WIFE</b> <u>Beulah Alvis</u>  |   |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |   | <b>16. SOCIAL SECURITY NO.</b> <u>XX</u>  | <b>17. INFORMANT</b> <u>Beulah Alvis, Pascola, Missouri</u>                 |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction 3rd day</u><br>DUE TO (b) <u>HLUD</u><br>DUE TO (c) <u>ASVD</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>10-15 yr</u><br><u>10-15 yr</u>  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown                    |   |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>  | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |   |
| <b>20c. TIME OF INJURY</b> Hour <u>        </u> a.m. <u>        </u> p.m.   | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   | <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE                            |
| <b>21. I attended the deceased from</b> <u>8-12-57</u> to <u>11-3-62</u> and last saw him alive on <u>11-3-62</u><br>Death occurred at <u>250 N. W. 11th</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   | <b>22a. SIGNATURE</b> (Degree or title) <u>Charles E. Sloan</u>   |   |
| <b>22b. ADDRESS</b> <u>N. 1/2 Mo</u>  |   | <b>22c. DATE SIGNED</b> <u>11-5-62</u>  |   |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>  | <b>23b. DATE</b> <u>11-4-62</u>   | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>East Woodlawn</u>  | <b>23d. LOCATION</b> (City, town, or county) (State) <u>Hayti, Missouri</u> |
| <b>24. FUNERAL DIRECTOR</b> <u>Osburn Funeral Home, Hayti, Missouri</u>   |   | <b>25. DATE RECD. BY LOCAL REG.</b> <u>11-5-62</u>  | <b>26. REGISTRAR'S SIGNATURE</b> <u>Charlotte E. Sloan</u>                  |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59  
1 0781  
2 0780  
3  
4 0  
5 1  
6  
7 1  
8 0  
9 4200  
10  
11  
12 1-0  
13 1-0

NOV 9 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 James G. Dobson

Licensed Embalmer No. 4185

P. O. Address Hayti, 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.