MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007489
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 37

FILED MAR 11 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

0570
0570 2 DATE AMENDED
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lincoln BEDFORD — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lincoln County Memorial Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Troy (rural) — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 50 yds west of Coty Limits — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Leroy Middle: Last: Alderson

4. DATE OF DEATH: Month: March Day: 2 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1897 Jan. 3

9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months 1 Days 29 — IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Mexico MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph H. Alderman

13b. MOTHER'S MAIDEN NAME: Minnie Cary

14. NAME OF HUSBAND OR WIFE: Belle Alderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Belle Alderson Address: Troy Mo. R.F.D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ADENOCARCINOMA OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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 ☐ 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 JUNE 1956 to Mar. 2 1963 and last saw her/him alive on 3/2/63
Death occurred at 10 35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kevin P Kellagher MD

22b. ADDRESS: Troy, MO

22c. DATE SIGNED: 3/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March 5 1963

23c. NAME OF CEMETERY OR CREMATORY: Wellsville Cemetery

23d. LOCATION (City, town, or county) (State): Wellsville Mo.

24. FUNERAL DIRECTOR ADDRESS: Wayne McCoy Troy Mo.

25. DATE RECD. BY LOCAL REG.: 3-4-1963

26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1963

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 D. W. McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.