

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 57

VS 300
Rev. 4/59

10781

2 07812

3

4

5

6

7

R

991216

10 46

1.1 078

127-0

137-0

**USE BLACK INK
OR**

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE-AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Hayti	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial		d. STREET ADDRESS (If outside, give location) Box 442 Hayti Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last Alexander Allen		4. DATE OF DEATH Month Day Year March 13 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH April 26, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		11. BIRTHPLACE (City and state or country) Arlington, Tennessee U.S.A.	
13a. FATHER'S NAME Arthur Barnes		13b. MOTHER'S MAIDEN NAME Essie Terry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Essie Bell, Hayti 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) Lower Nephros Nephros DUE TO (b) Acute Surgical shock DUE TO (c) Laceration of Lt. Thorax muscle & jugular vein Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 9 days 9 days 10 days	
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.) Knife wound of Left neck 3/4/63	
20c. TIME OF INJURY Hour 11 Minute 00 Month 3 Day 4 Year 63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bar		
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20f. CITY, TOWN, OR LOCATION Hayti, Pemiscot Mo.	
21. I attended the deceased from 3/4/63 to 3/13/63 and last saw her alive on 3/6/63 Death occurred at 6:49 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 3/14/63	
22a. SIGNATURE Jordan L. Buchanan, M.D.		22b. ADDRESS Hayti, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 17, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Johns	
24. FUNERAL DIRECTOR LaForge Und. Co. Caruthersville, Mo		25. DATE RECD. BY LOCAL REG. 3-15-63	
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan		27. REGISTRAR'S SIGNATURE Charlotte E. Sloan	

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1963
MAR 22 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 Noel C. Duan

Licensed Embalmer No. 3941

P. O. Address Cauterville, 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.