

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034969

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 1

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MEXICO		c. CITY OR TOWN SANTA FE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AUDRAIN CO. COMMUNITY HOSP.		d. STREET ADDRESS (If outside, give location) WEST SANTA FE	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES McCUTCHEON ALVERSON		4. DATE OF DEATH Month Day Year SEPT. 30 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/12/1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL FARMING		10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER	
11. BIRTHPLACE (City and state or country) MO.-MONROE, CO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES MONROE ALVERSON		13b. MOTHER'S MAIDEN NAME MARY J. COOPER	
14. NAME OF HUSBAND OR WIFE MARY MALVINA ALVERSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	
16. SOCIAL SECURITY NO. 490-18-7594		17. INFORMANT MARY M. ALVERSON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary Arteriosclerosis DUE TO (b) 4/201 DUE TO (c) Unknown		INTERVAL BETWEEN ONSET AND DEATH 6 hours	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Sept. 3-63 and last saw him alive on Sept. 30-63 Death occurred at 12:30 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE RD Swan		22b. ADDRESS Dandalia, Mo	
22c. DATE SIGNED 9-30-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE OCT. 3 1963		23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM.	
23d. LOCATION (City, town, or county) PARIS, Mo.		24. FUNERAL DIRECTOR E.H. AGNEW	
25. DATE RECD. BY LOCAL REG. 9-30-1963		26. REGISTRAR'S SIGNATURE Alberta Edmonston	

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 1 1963

OCT 8 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 E. M. Mignereux

Licensed Embalmer No. 4000

P. O. Address Paris, 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.