

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035046

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 641

FILED SEP 23 1963

VS 300
Rev. 4/59

1. 0109
2. 0542
3.
4. 0
5. 3
6.
7. 0
8. 1
9. 581.1
10.
11.
12. 2-0
13. 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BOONE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 16 days		c. CITY OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center, M.U.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1128 FRANKLIN	
3. NAME OF DECEASED (Type or print) First James Middle Olen Last Alkire				4. DATE OF DEATH Month 9 Day 20 Year '63			
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 5-28-'08	
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter				10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME James C. Alkire				13b. MOTHER'S MAIDEN NAME Edith E. Gardner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN				16. SOCIAL SECURITY NO. 772		17. INFORMANT Address UNIVERSITY of Missouri, Columbia, Mo MEDICAL RECORD	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE GASTROINTESTINAL HEMORRHAGE INTERVAL BETWEEN ONSET AND DEATH 12 HRS DUE TO (b) ESOPHAGEAL VARICES DUE TO (c) LAENNEC'S CIRRHOSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year s.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 September 4, 1963 to September 20, 1963 and last saw him alive on September 20, 1963 Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Mary Jean Wood, M.D.				22b. ADDRESS UNIVERSITY Medical Center, Columbia, Missouri		22c. DATE SIGNED 9/20/63	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9-20-1963		23c. NAME OF CEMETERY OR CREMATORY ZIONS HILL CEMETERY		23d. LOCATION (City, town, or county) (State) ERNESTVILLE MISSOURI	
24. FUNERAL DIRECTOR VAUGHN WALKER FUNERAL HOME MO				25. DATE RECD. BY LOCAL REG. Sept 20 1963		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

(Licensed Embalmer's Statement on Reverse Side)

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

Donald J. Roberts

Licensed Embalmer No.

4722

P. O. Address

Columbia 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.