

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED DEC 31 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Cape Girardeau

Length of stay in 1b

15 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Southeast Mo. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY
OR
TOWN

Cape Girardeau

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

1455 Water Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

THOMAS E. ALFORD

4. DATE OF DEATH

December 22, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/18/1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months 9 Days 4

IF UNDER 24 HR

Hours Min.

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

Mechanic, ret.

10b. KIND OF BUSINESS OR INDUSTRY

Buick Garage

11. BIRTHPLACE (City and state or country)

Cape Gir. County, Mo. U. S.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Thomas Alford

13b. MOTHER'S MARDEN NAME

Susan Hunter

14. NAME OF HUSBAND OR WIFE

Lula May Alford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Address

Mr. W. C. Thiele Cape Girardeau, 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) ACUTE MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

2 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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 2-18-63 to 12-22-63 and last saw her alive on 12-22-63. Death occurred at 5:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. H. H. Henshaw M.D.

22b. ADDRESS

CAPE GIRARDEAU, MO.

22c. DATE SIGNED

12-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

Fairmount Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Cape Gir.

25. DATE RECD. BY LOCAL REG.

12-26-63

26. REGISTRAR'S SIGNATURE

James Kasten

Walther's Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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 David L. Buckel

Licensed Embalmer No. 5085

P. O. Address Cape Girardeau, 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.