

State File No. 3306722

19722

FILED JUL 3 - 1951

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 2016 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>St. Mary's Cole Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Jefferson City</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Middletown</u> TOWN <u>0700</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Prairie</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
W. F. Fubrey		Alderson	June	33	71

5. SEX male	6. COLOR OR RACE white	7. MARRIED , NEVER MARRIED. WIDOWED , DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 5, 1907	9. AGE (in years) last birthday 43	10. IF UNDER 18 Months	11. IF UNDER 18 Years	12. IF UNDER 18 Hours	13. IF UNDER 18 Mtn.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Bellevue Mo. D	USA

13a. FATHER'S NAME James J. Alderson	13b. MOTHER'S MAIDEN NAME Pearl Maupin	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
No		No	L. C. Kuntler	Middleton, Mo.

<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of thyroid =</u></p> <p>ANTECEDENT CAUSES <u>metastases - post-operative shrub.</u></p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p> <p align="right"><u>194X</u></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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19a. DATE OF OPERATION <i>June 22-1957</i>	19b. MAJOR FINDINGS OF OPERATION <i>Recurrent Carcinoma of thyroid in chest</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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1a. ACCIDENT SUICIDE HOMICIDE				(Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
								Jefferson City Mo Cole.	
21d. TIME OF INJURY		(Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?	
						WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 5-4, 1951, to 6-23, 1951, that I last saw the deceased alive on 6-23, 1951 and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE <i>E. D. Long</i>	(Degree or title)	23b. ADDRESS 2303 E. High Jefferson Ct	23c. DATE SIGNED 6-23-57
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Buried	June 24, 1951	Forest Mount Cemetery	Middletown	Mo

DATE REC'D BY LOCAL REG. June 25 - 1955	REGISTRAR'S SIGNATURE R. D. Harris, md	FUNERAL DIRECTOR'S SIGNATURE Butler - Critchett	ADDRESS Middlebury, Vt
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-2-51 _____

MAY 24 1952

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
Student Embalmer

Signed John W. Butler

Licensed Embalmer No. 4447

P. O. Address Lawling Green
Indo.

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 this body is not embalmed, fact should be so stated above.