

FILED JUN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21043

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

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6013 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Deerfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Robbery Mo. 0815</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-51</u>	
a. (First)		b. (Middle) <u>Alicorn</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>5/2/1863</u>	
9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Deer Co., Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Michael Alicorn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. A. T. Myers</u> ADDRESS <u>Robbery Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic myocarditis</u>		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (b) <u>arteriosclerotic</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
21a. 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>6/10/51, 10</u> to <u>6/10/51, 10</u> , that I last saw the deceased alive on <u>6/10/51, 10</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Dreyer</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Deerfield Mo</u>	
23c. DATE SIGNED <u>6/11/51</u>		23d. SIGNATURE _____	
24a. BURIAL CREMATION _____ (Specify)		24b. DATE <u>6/10/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Deerfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-19-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. A. Baruch</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>W. E. Gillman</u>		ADDRESS <u>Robbery Mo.</u>	

1961 7 2 701

Date Received: JUN 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1158
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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 *Merion E. Millican*

Licensed Embalmer No. *395-7*

P. O. Address *Roberty, Missouri*

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.