SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

61-036676
STATE FILE NUMBER

AMENDED

Registration District No. 197 Primary Registration District No. _____ Registrar's No. 249

FILED NOV 6 1961

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor
Length of stay in 1b: 2 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Windsor
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Windsor
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MERWIN Middle WILLIAM Last ALCORN

4. DATE OF DEATH: Month, Day, Year: October 28, 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-4-1884

9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Iowa

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William Wilson Alcorn

13b. MOTHER'S MAIDEN NAME: Ida Gray

14. NAME OF HUSBAND OR WIFE: Fairie A. Alcorn

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.: 499-40-3286

17. INFORMANT Address: Mrs. R. H. Null Windsor, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Collapse	Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion	Instant
DUE TO (c)	Arteriosclerotic Heart Dis.	6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchiectasis

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 July 1957 to Oct 28, 1961 and last saw him alive on Oct. 28, 1961
Death occurred at 8:30 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): William Smith MD.

22b. ADDRESS: Windsor, Mo.

22c. DATE SIGNED: 10/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-30-1961

23c. NAME OF CEMETERY OR CREMATORY: Laurel Oak Cemetery

23d. LOCATION (City, town, or county) (State): Windsor Henry Mo.

24. FUNERAL DIRECTOR ADDRESS: Clifford Gouge Windsor, Mo.

25. DATE RECD. BY LOCAL REG.: Oct 31, 1961

26. REGISTRAR'S SIGNATURE: Mildred Bigger

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.