

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40394

State File No.

Registrar's No. 175

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6114		State File No.		Registrar's No. 175	
1. PLACE OF DEATH a. COUNTY Scott 10-03				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Green					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 6114				c. LENGTH OF STAY (In this place) 306 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396			
d. FULL NAME OF HOSPITAL OR INSTITUTION at Pumping station				d. STREET ADDRESS (If rural, give location) 1					
3. NAME OF DECEASED (Type or Print) Charles		a. (First)		b. (Middle) Alton		c. (Last) Alford		4. DATE OF DEATH (Month) II (Day) 20 (Year) 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3		8. DATE OF BIRTH 11 28 1905		9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Salsman		10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY		11. BIRTHPLACE (State or foreign country) Alabama /				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -		16. SOCIAL SECURITY NO. 416 05 2684		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Brown Springfield Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. INTERVAL BETWEEN ONSET AND DEATH						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute) m.			
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 First Call After Death 12:45p, to 12:45p, 1951, that I last saw the deceased alive on 11-21-51, and that death occurred at 12:45p m., from the causes and on the date stated above.									
23a. SIGNATURE Clyde Poe				23b. ADDRESS Coronado Sikeston Mo.		23c. DATE SIGNED 11/21/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-21-51		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) Hartselle Ala		24e. (State) Ala	
DATE REC'D BY LOCAL REG. 11-21-51		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		429		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Hunter		ADDRESS W. L. Hunter Home Sikeston Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 26 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1151-23

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address

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