

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004978

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. 10 Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY <u>Dallas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u> | | c. CITY OR TOWN <u>Buffalo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Franklin St.</u> | | d. STREET ADDRESS (If outside, give location) <u>St. Franklin St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>IRENE</u> Middle <u>B.</u> Last <u>ALFORD</u> | | 4. DATE OF DEATH Month <u>2</u> Day <u>7</u> Year <u>1959</u> | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-26-1867</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Dallas Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>John Cook</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Beck</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>J.R. Alford (Dec)</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>446 X</u> | | 17. INFORMANT <u>Homer Alford Buffalo, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Chr. Nephritis</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>?</u> <u>?</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u> | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 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 <u>2-2-59</u> to <u>2-7-59</u> and last saw her alive on <u>2-1-59</u> Death occurred at <u> </u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>O.D. Garrison M.D.</u> | | 22b. ADDRESS <u>Buffalo Mo</u> | |
| 22c. DATE SIGNED <u>2-10-59</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>2-10-1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem.</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u> | | 24. FUNERAL DIRECTOR <u>J.B. Jones</u> | |
| 25. DATE REGD. BY LOCAL REG. <u>2/23/59</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....
Signature of Student Embalmer

Signed R. E. Cleatham.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo, N. Y......

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.