

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032746

FILED VS OCT 6 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 467

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN	Length of stay in 1b 6 YRS.	c. CITY OR TOWN JOPLIN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2103 IRONGATES RD.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2103 IRONGATES RD
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LUTHER L ALFORD			4. DATE OF DEATH Month Day Year OCT. 1 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10 DEC 1885	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) DALLAS CO., MO.		12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME WILLIAM ALFORD		13b. MOTHER'S MAIDEN NAME RACHEL SOUTHARD		14. NAME OF HUSBAND OR WIFE MAYME ALFORD	
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. -		17. INFORMANT Address MRS. MAYME ALFORD, JOPLIN	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion with Infarction		INTERVAL BETWEEN ONSET AND DEATH 9-8-57
DUE TO (b) Arteriosclerosis		Unknown
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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 Joplin,	COUNTY Jasper,	STATE Missouri
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21. I attended the deceased from **9-8-57** to **10-1-59** and last saw **him** alive on **9-26-59**
Death occurred at **10:10 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.	22c. DATE SIGNED 10-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 4, 1959	23c. NAME OF CEMETERY OR CREMATORY NEW HOPE CEM.	23d. LOCATION (City, town, or county) (State) DALLAS Co. Mo.
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24. FUNERAL DIRECTOR HURLBUT GLOIER, JOPLIN	25. DATE RECD. BY LOCAL REG. 10-2-1959	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale Kline

Licensed Embalmer No. 454

P. O. Address Logan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.