S. No. 300
. 10.48

FILED JUN 18 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19529

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2372

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2416 Cypress

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 2416 Cypress

34 3 8 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALVA
b. (Middle): E.
c. (Last): FIFER

**4. DATE OF DEATH** (Month) (Day) (Year): MAY 31, 1949

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed 2
**8. DATE OF BIRTH**: Dec. 13, 1878
**9. AGE** (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): insurance agent
**10b. KIND OF BUSINESS OR INDUSTRY**: Western Life Ins.
**11. BIRTHPLACE** (State or foreign country): MOBERLY, MO. ()
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: NATHAN FIFER
**13b. MOTHER'S MAIDEN NAME**: ALICE MEALS
**14. NAME OF HUSBAND OR WIFE**: HATTIE

**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.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. E. Huston 412 West 33rd

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion?

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

4201

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* History of Heart trouble

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Autopsy permit refused
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Natural
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Hugh H. Owens — Hugh H. Owens Coroner 3
**23b. ADDRESS**: 1034 Rialto Bldg
**23c. DATE SIGNED**: 5-31-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal
**24b. DATE**: 6/1/49
**24c. NAME OF CEMETERY OR CREMATORY**: —
**24d. LOCATION** (City, town, or county) (State): MOBERLY, MISSOURI

**DATE REC'D BY LOCAL REG.**: 6-1-49
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Quirk and Robin 20 W. Linwood

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.

Signed Maude Adam

Signed _____
Student Embalmer

Licensed Embalmer No. 4016

P. O. Address 20 N. Linwood

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.