

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22916

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 12-1949

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>				
b. CITY OR TOWN <u>CUBA</u>		c. LENGTH OF STAY (in this place) <u>50 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CUBA</u>		28		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>60</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>EVELINE</u> c. (Last) <u>ALCORN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-1949</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 29-1860</u>	9. AGE (In years last birthday) <u>89</u>	10. UNDER 1 YEAR Days <u>54</u>	11. UNDER 1 YEAR Hours <u>4</u>	12. UNDER 1 YEAR Min. _____	
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>—</u>		11. BIRTHPLACE (State or foreign country) <u>IRON CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>AUGUSTUS WOOD</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH TURNER</u>		14. NAME OF HUSBAND OR WIFE <u>ALEXANDER</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GEO. H. BRUNER - CUBA, Mo.</u>				
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) <u>Degenerative heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>Sept</u> , 19 <u>48</u> , to <u>July 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 3</u> , 19 <u>49</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>G. A. Elders, M.D.</u> (Degree or title)				23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>7-4-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-5-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD DILLARD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DILLARD, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-4-49</u>		REGISTRAR'S SIGNATURE <u>Paul A. Shanklin</u> <u>372</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas H. Hallert, Steelville Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7/6/49

District Health Officer No. 5

District File Number 749490

Date Filed 7-14-49

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 Thomas S. Hackett

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4337

P. O. Address Steville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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