

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22675**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **524**

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca	
c. LENGTH OF STAY (in this place) 4 mos.		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2201 Jackson St.			

3. NAME OF DECEASED (Type or Print) a. (First) Tirza b. (Middle) H. Alve c. (Last) Alvey			4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 49		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 9, 1869		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. IF UNDER 14 HRS. Hours _____ Min. _____	

13a. FATHER'S NAME Joel Holt		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lenna Lawson Seneca, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular dis			INTERVAL BETWEEN ONSET AND DEATH ?
		ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. St. Hemiplegia-cerebral embolus			443X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? 5 yrs
					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) _____		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 **11-28**, 19**49**, to **11-28**, 19**49**, that I last saw the deceased alive on **11-28**, 19**49**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. H. Hamilton, M.D. (Degree or title)		23b. ADDRESS Trisco Bldg, Joplin Mo.		23c. DATE SIGNED 11-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 30, 49		24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	
				24d. LOCATION (City, town, or county) (State) Seneca, Missouri	

DATE REC'D BY LOCAL REG. 12-1-49		REGISTRAR'S SIGNATURE [Signature] 156		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Seneca Mo	
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RECEIVED 12-5-49
Jasper County Health Office

County File Number 49-11-934

Date Filed 12-5-49

DEC 29 1962

MAY 9 1963

DEC 27 1962

12-11-1962

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 W E Beddcome

Licensed Embalmer No. 2174

P. O. Address Jasper 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.