

FILED MAR 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7196

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No.	
1. PLACE OF DEATH <i>Ellis Fischel State Cancer Hosp</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Boone</i>		b. STATE <i>Missouri</i>		b. COUNTY <i>McDonald</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Columbia</i>		c. LENGTH OF STAY (In this place) <i>3 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pea Ridge Ark</i>		<i>0600</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Ellis Fischel State Cancer Hosp.</i>				d. STREET ADDRESS (If rural, give location) <i>R.F.D. #1 OK</i>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <i>Florence</i>		b. (Middle) <i>Wardlaw</i>		c. (Last) <i>Alcorn</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 10 51</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>4-20-68</i>	
9. AGE (In years last birthday) <i>82</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pea Ridge, Ark. 1</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Manson Stroud</i>			13b. MOTHER'S MAIDEN NAME <i>Malona Fine</i>			14. NAME OF HUSBAND OR WIFE <i>James G Alcorn</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Records - Ellis Fischel State Cancer Hosp</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Abdominal Carcinomatosis</i>					
		ANTECEDENT CAUSES DUE TO (b) <i>Primary Site undetermined</i>				<i>6 mo.</i>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>1</i>	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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.) <i>None</i>		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 <i>7 Mar</i> 19 <i>51</i> , to <i>10 Mar</i> 19 <i>51</i> , that I last saw the deceased alive on <i>10 Mar</i> 19 <i>51</i> , and that death occurred at <i>2nd P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>John J. Modlin M.D.</i>				23b. ADDRESS <i>Ellis Fischel Cancer Hosp</i>		23c. DATE SIGNED <i>3-10-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/13/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wardlow Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Pea Ridge, Arkansas</i>	
DATE REC'D BY LOCAL REG. <i>32347</i>		REGISTRAR'S SIGNATURE <i>Mrs R.C. Palmer</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Nelson Miller Pea Ridge Ark</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

X-

T. ENGL...
MAR 15 19...

RECEIVED
MAR 15 19...

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

Body surrendered to Arkansas