

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41421

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	c. LENGTH OF STAY in this place <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> <u>02/60</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Surgical Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3-</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>King</u> c. (Last) <u>Alcorn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-51</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6/14-1884</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR (Month) (Day) <u>5/10</u> IF UNDER 24 HRS. (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work during most of working life, when if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>West Plains, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Joshua Alcorn</u>	13b. MOTHER'S MAIDEN NAME <u>Aery Davis</u>	13. NAME OF HUSBAND OR WIFE <u>Jennie Alcorn</u>
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14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>519-06-5345</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Alcorn, West Plains</u>	ADDRESS <u>West Plains</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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>Pulmonary Embolism</u> <u>10-11-51</u>			

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>0</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4222</u>
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22. I hereby certify that I attended the deceased from 3-20-50 to 10-31, 1951, that I last saw the deceased alive on 10-31, 1951, and that death occurred at 12:58 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. B. Stoll M.D.</u>	23b. ADDRESS <u>West Plains</u>	23c. DATE SIGNED <u>12-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howell, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-5-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains Mo</u>	ADDRESS <u>West Plains Mo</u>
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(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 *A. A. Robertson*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3437*

P. O. Address *West Plains*

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.