

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25399

State File No.

FILED AUG 11 1952

BIRTH NO. ... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Randolph <i>0803</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph <i>0803</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital		d. STREET ADDRESS (If rural, give location) 516 Johnson Street	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) DAVID	c. (Last) ALDEN	4. DATE OF DEATH (Month) (Day) (Year) August 4, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 3, 1876	9. AGE (In years last birthday) 76	# UNDER 1 YEAR 7	MIN. Hours 1	# UNDER 24 HRS. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer, Retired	10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	11. BIRTHPLACE (State or foreign country) Mo. 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Charles Alden	13b. MOTHER'S MAIDEN NAME Mary E. Moore	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. 702-05-3958	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Calrence Alden, Moberly, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 20, 1952** to **August 4, 1952** that I last saw the deceased alive on **August 4, 1952** and that death occurred at **5:59A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS 415 Woodland Avenue	23c. DATE SIGNED 8/4/52
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24a. BURIAL OR CREMATION (Specify) Burial	24b. DATE OF BURIAL OR CREMATION 8-6th-52	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo.
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DATE REC'D BY LOCAL REG. 8-6-52	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahan and Son, Moberly, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 6 1953

JAN 6 1953

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 Frank - D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, 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.