

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20855

FILED JUL 8 - 1953

State File No. _____
Registrar's No. 274

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN F D #1 Poplar Bluff | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | |
| c. LENGTH OF STAY (in this place) 1 week | | d. STREET ADDRESS (If rural, give location) Warren Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Poplar Bluff | | | |

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|--|------------|-------------------|-----------------|---|
| 3. NAME OF DECEASED (Type or Print) Willis Bruce Alvey | a. (First) | b. (Middle) Bruce | c. (Last) Alvey | 4. DATE OF DEATH (Month) (Day) (Year) June 13, 1953 |
|--|------------|-------------------|-----------------|---|

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|-------------|------------------------|--|-------------------------------|------------------------------------|--------------------------|-------------------------|----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec 21, 1866 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 6 | IF UNDER 1 YEAR Days 22 | IF UNDER 1 YEAR Hours Min. |
|-------------|------------------------|--|-------------------------------|------------------------------------|--------------------------|-------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant | 10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery | 11. BIRTHPLACE (State or foreign country) Stockport, Iowa | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|--|---|----------------------------------|

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|--------------------------------|--|---|
| 13a. FATHER'S NAME James Alvey | 13b. MOTHER'S MAIDEN NAME Unknown Huff | 14. NAME OF HUSBAND OR WIFE May Belle Alvey |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs Merille Gorton Fredonia, Kansas | ADDRESS |
|---|-------------------------|---|---------|

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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i> | | INTERVAL BETWEEN ONSET AND DEATH 1 mo |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Heart Disease</i> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
| 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 *Mar 1853*, to *13 June 1953*, that I last saw the deceased alive on *1 May 1953*, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|--------------------------------|----------------------------|
| 23a. SIGNATURE <i>W. Brookhouser</i> (Degree or title) | 23b. ADDRESS Poplar Bluff, Mo. | 23c. DATE SIGNED 23 Jun 53 |
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| | | | |
|--|-------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-16-53 | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri |
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|---------------------------------|---|-------|---|
| DATE REC'D BY LOCAL REG. 7/2/53 | REGISTRAR'S SIGNATURE <i>W. Brookhouser</i> | 484-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Frank Cotrell</i> ADDRESS Poplar Bluff Missouri |
|---------------------------------|---|-------|---|

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

RECEIVED
JUL 6 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____

Wallace R. Knight

Licensed Embalmer No. *4514*

P. O. Address *412 Vine Street*
Poplar Bluff - 1

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.