

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED JAN 13 1956

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY OR TOWN Butler	c. LENGTH OF STAY (in this place) 45 years	c. CITY OR TOWN Butler	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 308 West Ft Scott Street		e. STREET ADDRESS (If rural, give location) 308 West Ft Scott St	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Levi	c. (Last) Alkire	4. DATE OF DEATH (Month) (Day) (Year) Jan 5th/1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 13 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) custodian	10b. KIND OF BUSINESS OR INDUSTRY Bank Bldg.	11. BIRTHPLACE (City and State or Foreign Country) La Cross Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dave Alkire	13b. MOTHER'S MAIDEN NAME Mary Adams	14. NAME OF HUSBAND OR WIFE Mable Alkire
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) 494-30-7084	17. INFORMANT'S SIGNATURE OR NAME Mabel Alkire, Butler Missouri	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, asphyxia, 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) Cerebral Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Intake Intentional DUE TO (c) Hypertension - Diabetes Mellitus - 420		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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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 Sept 1934 to Jan 5, 1956, that I last saw the deceased alive on Jan 5, 1956, and that death occurred at 10:20 AM from the causes and on the date stated above.

23a. SIGNATURE Wm. A. Lynch, Jr. M.D.	(Degree or title) M.D.	23b. ADDRESS Butler Missouri	23c. DATE SIGNED Jan 7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/8/56	24c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery	24d. LOCATION (City, town, or county) (State) Butler Missouri
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DATE REC'D BY LOCAL REG. Jan 7 1956	REGISTRAR'S SIGNATURE Rendall Konyak	25. FUNERAL DIRECTOR'S SIGNATURE John Underwood	ADDRESS Butler Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

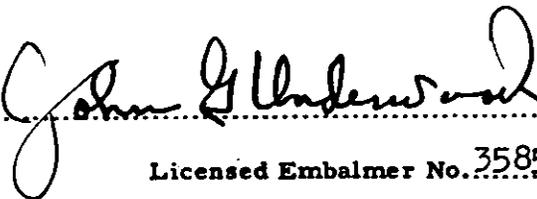
STATEMENT BY LICENSED EMBALMER

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..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3585

P. O. Address ..Butler Missc

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.