

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8977

State File No. _____
Registrar's No. 995

FILED MAR 27 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Polaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Mound City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Day		STREET ADDRESS (If rural, give location) 324 Pearl	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Verble	b. (Middle) Theodore	c. (Last) Alcox	4. DATE OF DEATH (Month) (Day) (Year) 3 7 1956
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28. 1909	9. AGE (In years last birthday) 47	10. UNDER 1 YEAR Months	11. UNDER 14 HRS. Days	12. UNDER 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waiter	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Milborn Kentucky	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Jake Alcox	13b. MOTHER'S MAIDEN NAME Coxie Brown	14. NAME OF HUSBAND OR WIFE Georgia Alcox
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give year or dates of service) None	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME Georgia Alcox ADDRESS Mound City, Ill.
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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) Cardiac Hypertrophy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial Insufficiency. DUE TO (c) Pulmonary congestion & Edema		
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 checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Deputy Coroner (Degree or title) M.D.	23b. ADDRESS 1618 Lydia Ave	23c. DATE SIGNED 3/7/56.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-8-56	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Mound City, Ill.
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DATE REC'D BY LOCAL REG. 3-7-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Bryant & Sons ADDRESS 18th St
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5100

1018

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... Lawrence A. ...

Licensed Embalmer No. 4429...

P. O. Address.....2300.....Eag

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.