

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23045**

FILED AUG 14 1956

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 304 Registrar's No. 73

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | |
| b. CITY OR TOWN <u>Carrollton</u> | | c. CITY OR TOWN <u>R.F.D. #5</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) <u>1 Day</u> | | e. STREET ADDRESS (If rural, give location) <u>Westhof Carrollton</u> | |

| | | | | | |
|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Herschel</u> b. (Middle) <u>A.</u> c. (Last) <u>Alwood</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1956</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Dec. 6, 1881</u> | | 9. AGE (In years last birthday) <u>74</u> | | 10. IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Harvey Alwood</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mittie V. Alwood</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glendon Alwood Carrollton, Mo.</u> | |

| | | | | | |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Lungs</u> | | (a) <u>Carcinoma of Lungs</u> | | <u>10 days</u> | |
| ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) <u>Carcinoma of Viscera</u> | | <u>10 days</u> | |
| | | DUE TO (c) <u>Unknown</u> | | | |
| 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 <u>Ca of Viscera previous Resection</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 July 28, 1956 to Aug 4, 1956, that I last saw the deceased alive on July 4, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Glendon Alwood</u> | | 23b. ADDRESS <u>Carrollton, Mo</u> | | 23c. DATE SIGNED <u>8-11-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8/6/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rock Branch Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Carroll County Missouri</u> | | DATE REC'D BY LOCAL REG. <u>8/11/56</u> | | REGISTRAR'S SIGNATURE <u>Dr. Herbert Calver</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home</u> | | ADDRESS <u>Carrollton,</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0171

45

MAY 14 1957

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 *R. M. Marshall*.....

Licensed Embalmer No. *252*

P. O. Address *Carroll*.....

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.