

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40406

FILED NOV 28 1956

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 79

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Washington</u>	a. STATE <u>Missouri</u> COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Potosi</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Potosi</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in lb <u>10 yrs.</u>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<u>John Wiley Algiers</u> (First Middle Last)			<u>Nov. 24 1956</u> (Month Day Year)		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 25-1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: Months <u>10</u> Days <u>29</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Franklin Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.G</u>	
13. FATHER'S NAME <u>Anthony Algiers</u>			14. MOTHER'S MAIDEN NAME <u>Mary Baker</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Andy Algiers, Falls City, Nebr.</u> Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>accidental burning to death by an oil stove blowing up & burning home</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>9160</u>	
	DUE TO (c) <u>16</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Potosi, Mo.</u>
	20f. CITY, TOWN, OR LOCATION <u>Wash. Mo.</u> COUNTY <u>Wash.</u> STATE <u>Mo.</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at unknown on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>B. L. Gibson, D. L. Connor</u>	22b. ADDRESS <u>Potosi, Mo.</u>	22c. DATE SIGNED <u>11-24-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-26-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Sun Set Hills</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Co Mo.</u>
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24. FUNERAL DIRECTOR <u>Mr. Luther Sparks</u> ADDRESS <u>Potosi Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11/27/56</u>	26. REGISTRAR'S SIGNATURE <u>W. W. K. ...</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

disorders in Part I must be causally related. Coroner cannot certify to conditions in Part II.

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RECEIVED

NOV 27 1956

WASH. COUNTY HEALTH DEPT

File No: _____

Not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.