

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002493

FILED VS FEB 11 1960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 48

STATE FILE NUMBER

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monroe					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Mo.		Length of stay in 1b 12 Hrs		c. CITY OR TOWN Perry, Mo. RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Elizabeth Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural (Jefferson Tsp)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First SIDNEY Middle CLAYTON Last ALCORN				4. DATE OF DEATH Month Jan Day 20 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-20-60	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior decorator			10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and state or country) Lansing, Michigan		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Edward Alcorn			13b. MOTHER'S MAIDEN NAME Arbella Dixon			14. NAME OF HUSBAND OR WIFE Mabel Alcorn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-01-3448		17. INFORMANT Address Mabel Alcorn Perry, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central edema - DUE TO (b) Fall & Trauma to head. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH 12 hrs		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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 _____ a.m. _____ p.m. _____	Month, Day, Year								
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.)		20f. CITY, TOWN, OR LOCATION Perry		COUNTY		STATE	
21. I attended the deceased from 20 Jan 1960 to 20 Jan 1960 and last saw him alive on 20 Jan 1960 Death occurred at 7:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Wynell Hornsby (Degree or title) M.D.				22b. ADDRESS Hannibal, Mo.				22c. DATE SIGNED 1-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-23-60	23c. NAME OF CEMETERY OR CREMATORY Centralia City Cemetery, Centralia, Mo.		23d. LOCATION (City, town, or county) (State)				
24. FUNERAL DIRECTOR Clyde B. Leisley Perry, Mo.				25. DATE RECD. BY LOCAL REG. 2/5/60		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by William M. Herman			

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *Olyde C. Murray*

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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.