URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-041473

NOV 29 1960

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 71

ENDED

1. PLACE OF DEATH
a. COUNTY ~~Miss~~ Dallas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo — Length of stay in 1b Life

c. CITY OR TOWN Buffalo — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. Grant St. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) E. Grant St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Robert Middle D. Last Alford

4. DATE OF DEATH Month Day Year Nov. 18, 1960

5. SEX Male

6. COLOR OR RACE Caucasian

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Oct. 9, 1874

9. AGE (last birthday) 86

IF UNDER 1 YEAR Months 1 Days 9 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agr.

11. BIRTHPLACE (City and state or country) Dallas County Mo.

12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME W.M Alford

13b. MOTHER'S MAIDEN NAME Jane Bray

14. NAME OF HUSBAND OR WIFE Sarah Alford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. None

17. INFORMANT Sarah Alford Address Buffalo, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Emphysema + Asthma — 15 yrs.

DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1945, to 11-18-60 and last saw ~~her~~ him alive on 11-17-60

Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. O. Hammon M.D.

22b. ADDRESS Buffalo, Missouri

22c. DATE SIGNED 11-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 20, 1960

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

23d. LOCATION (City, town, or county) (State) Buffalo, Missouri

24. FUNERAL DIRECTOR ADDRESS Montgomery Funeral Home Buffalo, Missouri

25. DATE RECD. BY LOCAL REG. 11/28/60

26. REGISTRAR'S SIGNATURE Mrs Vera Litrus SR

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Vernon H. Weld

Signature of Student Embalmer

Licensed Embalmer No. 5083

P. O. Address Buffalo, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.