

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010054

AMENDED

Registration District No. 275 Primary Registration District No. 3153 Registrar's No. 79

STATE FILE NUMBER

FILED APR 6 1961

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 7 mos.	c. CITY OR TOWN Owensville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MacFarland Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Henry Middle Washington Last Alcorn			4. DATE OF DEATH Month March Day 26 Year 1961		
---	--	--	---	--	--

5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-10-66	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months Days Hours Min. 	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) common labor	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) unknown	12. CITIZEN OF WHAT COUNTRY USA
--	--	--	---

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE none
--------------------------------------	---	--

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. none	17. INFORMANT Alton Hibler Address Rosebud, 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) Regenerative Heart Failure DUE TO (b) Atherosclerosis DUE TO (c) Diabetes m. Senility		INTERVAL BETWEEN ONSET AND DEATH
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 	COUNTY 	STATE
--	---	---	----------------	---------------

21. I attended the deceased from 8-10-60 to 3-24-61 and last saw him alive on 3-24-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>W. R. Lytle</i>	22b. ADDRESS Rolla Mo	22c. DATE SIGNED 3/27/61
---	---------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-29-1961	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Owensville, Mo.
--	-------------------------------	--	---

24. FUNERAL DIRECTOR Gottenstroeter Funeral Home ADDRESS Owensville, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 28, 1961	26. REGISTRAR'S SIGNATURE <i>Nadene L. Stoll</i>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

APR 25 1961

K

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 FERRY A. THOMPSON Student Embalmer No. 624

working under my personal supervision.

Student Ferry A. Thompson
Signature of Student Embalmer

Signed Myford H H Winter

Licensed Embalmer No. 383F

P. O. Address OWENSVILLE

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.

1961-99-3

1961

... 1961-99-3 ...