ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=021994
STATE FILE NUMBER

AMENDED

Registration District No. 243 Primary Registration District No. 5831 Registrar's No. 37

FILED JUL 6 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin Township — Length of stay in 1b: 8 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Daughters - Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Wheaton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Lillie Middle: Mae Last: Alyea
4. DATE OF DEATH Month: May Day: 23 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov-14-89
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Weston
13b. MOTHER'S MAIDEN NAME: Dona Burnett
14. NAME OF HUSBAND OR WIFE: Harvey Alyea
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ruby Fehring Address: Fairview Mo. R 7 D.

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) Cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 7 days
DUE TO (c) Hypertension + arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Comatose 1 week
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 5/16/61 to 5/23/61 and last saw ~~him~~ her alive on 5/22/61
Death occurred at 4:19 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred R. Clark D.O.
22b. ADDRESS: Wheaton, Mo.
22c. DATE SIGNED: 5/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 27, 61
23c. NAME OF CEMETERY OR CREMATORY: Maplewood
23d. LOCATION (City, town, or county) (State): Exeter Missouri
24. FUNERAL DIRECTOR: McQueen Funeral Home ADDRESS: Wheaton Mo
25. DATE RECD. BY LOCAL REG.: 5-29-61
26. REGISTRAR'S SIGNATURE: Mildred Moherly

(Licensed Embalmer's Statement on Reverse Side)

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville 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.