

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033269

STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 149

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carterville		Length of stay in 1b 2 months	c. CITY OR TOWN Carterville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near S. Pine St & 66-71 Highways		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 320 E. Hannum St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Gwendolyn Alyea	First Middle Last	4. DATE OF DEATH October 3, 1961	Month Day Year
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5. SEX Female	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 12-18-1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ind.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE George Alyea
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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.	17. INFORMANT George Alyea 320 E. Hannum St. Carterville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Fractured skull=Frontal and Nasal Bones, Fractured arms and legs.		
DUE TO (b) _____		
DUE TO (c) Walked into a truck and was thrown 20 yards.		

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
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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.) G. Alyea was walking east on highway 66, 1/4 mile east of Webb City Viaduct and was struck by a west bound truck.
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year east of Webb City Viaduct and was struck by a west bound truck.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66	20f. CITY, TOWN, OR LOCATION Carterville	COUNTY Jasper	STATE Mo.
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21. I attended the deceased from Did not attend and last saw her/him alive on _____
Death occurred at 3:35 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Shendell Frisco, D.D.S., Coroner (Degree or title)	22b. ADDRESS 508 Frisco Bldg. Joplin, Mo.	22c. DATE SIGNED 10-5-61
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23a. BURIAL, CREMATION, or other (Specify) Removal	23b. DATE 10-4-61	23c. NAME OF CEMETERY OR CREMATORY Whittier, California	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 10-6-61	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 25 1961

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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City

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.