

SOURI DIVISION - HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-041893**

AMENDED

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 179

STATE FILE NUMBER

FILED DEC 14 1961

DATE AMENDED  
7/13/62  
INSTEAD OF  
Lewis Alston  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Wife--Informant  
Lewis Austin  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hayti Township</b>		Length of stay in 1b <b>12 Yrs.</b>	c. CITY OR TOWN <b>Hayti Rt. 1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Hayti Rt. 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lewis</b> Middle <b>Austin</b> Last <b>Alston</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-12-1919</b>	9. AGE (last birthday) <b>42</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Will Alston</b>		13b. MOTHER'S MAIDEN NAME <b>Kate Dyson</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille Alston</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W. II</b>			17. INFORMANT Address <b>Lucille Alston Hayti Rt. 1</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unknown, Natural - This man died with out medical attention</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <del>Due to (b)</del> DUE TO (c)					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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Jimmy Osburn, Coroner</b>			22b. ADDRESS <b>Wardell, Mo.</b>		22c. DATE SIGNED <b>11-27-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-2-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Morgan Ridge</b>		23d. LOCATION (City, town, or county) (State) <b>Conuthersville, Mo</b>	
24. FUNERAL DIRECTOR <b>LaForge Undertkg. Co., Inc. C'ville</b>		25. DATE RECD. BY LOCAL REG. <b>11-30-61</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte E. Sloan</b>	

JUN 19 1962

JUL 11 1962

DEC 14 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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carrington

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.