

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23045**

FILED AUG 14 1956

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **304** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY OR TOWN R.F.D. #5	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Day		e. STREET ADDRESS (If rural, give location) Westhof Carrollton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bales Hospital		30 AM 0110	
3. NAME OF DECEASED (Type or Print) a. (First) Herschel b. (Middle) A. c. (Last) Alwood			4. DATE OF DEATH (Month) (Day) (Year) Aug. 4, 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 6, 1881
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Illinois
11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harvey Alwood		13b. MOTHER'S MAIDEN NAME Mittie V. Alwood	
14. NAME OF HUSBAND OR WIFE Mittie V. Alwood		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Glendon Alwood ADDRESS Carrollton, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of Lungs		a. Carcinoma of Lungs		10 days	
ANTECEDENT CAUSES		b. Carcinoma of Viscera		10 days	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		c. Unknown			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Ca of Viscera previous Positive		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **July 28, 1956** to **Aug 4, 1956**, that I last saw the deceased alive on **July 4, 1956**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Glendon Alwood (Degree or title)		23b. ADDRESS Carrollton, Mo		23c. DATE SIGNED 8-11-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/6/56		24c. NAME OF CEMETERY OR CREMATORY Rock Branch Cemetery	
24d. LOCATION (City, town, or county) (State) Carroll County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home ADDRESS Carrollton,			

DATE REC'D BY LOCAL REG. 8/11/56		REGISTRAR'S SIGNATURE Dr. Herbert Calvert		25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home ADDRESS Carrollton,	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

45

APR 14 1954

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 *R. M. Marshall*.....

Licensed Embalmer No. *252*.....

P. O. Address *Carroll*.....

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.