No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39312-A

DELAYED

BIRTH NO: _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 628 Matthews

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Missouri.
d. STREET ADDRESS (If rural, give location): 628 Matthews St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): (A)
c. (Last): Alsup

4. DATE OF DEATH (Month) (Day) (Year): November 23, 1946

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 29July1906
9. AGE (In years last birthday): 40 — If under 1 year: Months: ___ Days: ___ If under 24 hrs.: Hours: ___ Min.: ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Parma, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Miles Alsup
13b. MOTHER'S MAIDEN NAME: Ada Romines
14. NAME OF HUSBAND OR WIFE: Betty T. Alsup

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.: - - - - -
17. INFORMANT'S SIGNATURE OR NAME: Betty T. Alsup — ADDRESS: Sikeston, Missouri.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Self inflicted

DUE TO (c)

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
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 628 Matthews
21c. (CITY, TOWN, OR TOWNSHIP): Sikeston — (COUNTY): Scott — (STATE): Missouri.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Time of Death *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: /S/ Orville Taylor (Degree or title): (Coroner)
23b. ADDRESS: Sikeston, Missouri
23c. DATE SIGNED: Nov. 24 - 1946

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/25/46
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): New Madrid, Mo.

DATE REC'D BY LOCAL REG.: July 31-50
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: Taylor Funeral Home — ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 2 1950
SCOTT COUNTY HEALTH CEN
CO. FILE NO. 950-8

AUG 3

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.