

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5708
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>10 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>1008 East 7th</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Memorial Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u> b. (Middle) <u>B.</u> c. (Last) <u>ALSPACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 9 - 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7 - 9 - 1869</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R. R. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Findlay, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Rubin Alspach</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Alspach</u>	
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Alspach, 1008 E. 7th, Sedalia, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with Rt. Hemiplegia.</u>  ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension.</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Febr 6th 1949.</u> <u>1 year.</u>
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19a. DATE OF OPERATION <u>None.</u>	19b. MAJOR FINDINGS OF OPERATION <u>None.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from five years, 19 to Febr. 9th, 1949, that I last saw the deceased alive on Febr. 9th, 1949, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jno B. Carlisle M.D.</u> (Degree or title)		23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>2-10-49.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-11-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-11-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Heckart</u> ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-4880  
66  
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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....2-18-49.....

MAR 22 1949

MAR 23 1949

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.

Signed Frank S. Coffman Jr.

Signed.....  
Student Embalmer

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.