

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7062

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>All his life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>431 Russett St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Noah</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Alspaw</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>19</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 9, 1927</u>	
9. AGE (In years last birthday) <u>21</u>		10. MONTHS <u>11</u>		11. DAYS <u>10</u>		12. HOURS <u>-</u> MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Saline County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert S. Alspaw</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Ellen Evans</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-22-8823</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert S. Alspaw - Marshall, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Mononucleophthia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. b. 10				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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) (Min.)		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 <u>JAN</u> , 19 <u>49</u> , to <u>Feb 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 19</u> , 19 <u>49</u> , and that death occurred at <u>4:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James A. Reid MD</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>Feb 23 - 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 22, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 23, 1949</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

by James A. Reid Jr.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-4-49

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, ~~me~~.....

Student Embalmer No.

working under my personal supervision.

Signed.....

James H. Lewis

Signed.....
Student Embalmer

Licensed Embalmer No. 1171

P. O. Address Marshall - 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.