

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14741

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 91			
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico					
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital				d. STREET ADDRESS (If rural, give location) 913 West Emmons St.					
3. NAME OF DECEASED (Type or Print) SUSIE				a. (First) b. (Middle) c. (Last) ALTHISER		4. DATE OF DEATH (Month) (Day) (Year) June 5 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 26, 1880			
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Callaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James W. Spicer				13b. MOTHER'S MAIDEN NAME Susan Harvey		14. NAME OF HUSBAND OR WIFE James Althiser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mexico, Mo. Thomas P. Spicer			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Nephritis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 260x	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				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 6-4-1949, to 6-6-1949, that I last saw the deceased alive on 6-5-1949, and that death occurred at 7 A. m., from the causes and on the date stated above.									
23a. SIGNATURE Frank J. [Signature]				23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE June 6, 49		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico Missouri			
DATE REC'D BY LOCAL REG. June 6-1949		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. [Signature] Mexico, Mo.					

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 6-49-

Date Filed JUN 13 1948

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 Earl E. Purdy

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.