

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32653

FILED SEP 24 1949

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 130

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>71</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SALT POND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER</u>	
c. LENGTH OF STAY (in this place) <u>5 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>LOUISE</u> (Type or Print)		b. (Middle) <u>E</u>	
c. (Last) <u>ALPERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 21 1864</u>
9. AGE (In years last birthday) <u>84</u>	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) <u>RETIRED HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>	11. BIRTHPLACE (State or foreign country) <u>COLE CAMP, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>JOHN EIFERT</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE KROESCHEN</u>	
14. NAME OF HUSBAND OR WIFE <u>C. Herman Alpers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HERMAN FISCHER</u>		ADDRESS <u>SWEET SPRINGS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>		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) <u>Apoplexy</u>		—	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Sweet Springs, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>July 20, 1949</u> to <u>Aug 31, 1949</u> , that I last saw the deceased alive by <u>August 19, 1949</u> and that death occurred at <u>Stover, Mo.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (In large letters) <u>Edmund Fischer M.D.</u>		23b. ADDRESS <u>Concordia, Mo.</u>	
23c. DATE SIGNED <u>8/31/49</u>			
24a. HOSPITAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Aug 31 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>STOVER MO</u>
DATE REC'D BY LOCAL REG <u>8/31/49</u>	REGISTRAR'S SIGNATURE <u>Dolley Andrew</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed James</u>	ADDRESS <u>Concordia, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED SEP 6
District Health Officer No. 8,
District File Number _____
Date Filed 9-22-49

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, or by me

Student Embalmer No. _____

working under my personal supervision.

Signed E. S. James

Signed _____
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia 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.