

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 8014

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4118 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <i>Christian County Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sparta Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sparta Mo.</i>	
c. LENGTH OF STAY (In this place) <i>15 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence Sparta Mo.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 10, 1950</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lyllia</i> b. (Middle) <i>M.</i> c. (Last) <i>Alsup</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Nov. 12, 1873</i>
9. AGE (In years last birthday) <i>76 yr</i>		11. BIRTHPLACE (State or foreign country) <i>Christian County, Mo.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home Keeper</i>	
11. BIRTHPLACE (State or foreign country) <i>Christian County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Jacob Burkhardt</i>		13b. MOTHER'S MAIDEN NAME <i>Rebecca Harwell</i>	
14. NAME OF HUSBAND OR WIFE <i>Widow</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>E. S. Alsup</i>		ADDRESS <i>Sparta Mo.</i>	
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) <i>Uremic Poisoning</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Nephritis</i> 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 _____	
19c. 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) _____		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 <i>Jan 19, 1948</i> , to <i>Mar 10, 1950</i> , that I last saw the deceased alive on <i>Mar 10, 1950</i> , and that death occurred at <i>9:15 pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>D. Harriet K. Wilson</i>		23b. ADDRESS <i>Sparta, Mo.</i>	
23c. DATE SIGNED <i>Mar 16-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 12-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Sparta Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Christian County Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Mar 29-50</i>		REGISTRAR'S SIGNATURE <i>Lillie Barr</i> 58	
25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chaffin</i>		ADDRESS <i>Ozark Mo.</i>	

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

0250

RECEIVED MAR 31 1950

District Health Office

District File Number 350-386

Date Filed 3-31-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed T. B. Chaffin

Signed
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.