

FILED AUG 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22707

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		Registrar's No. 873	
1. PLACE OF DEATH a. COUNTY BATES-				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo- b. COUNTY BATES			
b. CITY (If outside corporate limits, write RURAL and give township) BUTLER-		c. LENGTH OF STAY (in this place) 2 1/2 E		c. CITY (If outside corporate limits, write RURAL and give township) BUTLER-		1071	
d. FULL NAME OF HOSPITAL OR INSTITUTION S-MAIN ST-				d. STREET ADDRESS (If rural, give location) S-MAIN ST-			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) H-		c. (Last) ALSBACH		4. DATE OF DEATH (Month) (Day) (Year) Aug 9 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH April 13-1873	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REERED		11. BIRTHPLACE (State or foreign country) BATES Co-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME GEO. ALSBACH		13b. MOTHER'S MAIDEN NAME MARY POWDERLY		14. NAME OF HUSBAND OR WIFE SINGLE			
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 Viola SARGENT-BUTLER Mo-			
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) Coronary Occlusion 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.				INTERVAL BETWEEN ONSET AND DEATH instant 45m1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Found dead at his home - probably had been dead when				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) Butler Bates		21d. HOW DID INJURY OCCUR 2nd	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 10-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from dead to arrival , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John H. Underwood		23b. ADDRESS Butler Mo		23c. DATE SIGNED 8-10-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-11-50		24c. NAME OF CEMETERY OR CREMATORY OAKHILL		24d. LOCATION (City, town, or county) (State) BUTLER Mo	
DATE REC'D BY LOCAL REG. Aug 10-50		REGISTRAR'S SIGNATURE Randall H. Tordy		25. FUNERAL DIRECTOR'S SIGNATURE John H. Underwood			
				ADDRESS Butler Mo			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 8/14/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8/14/50

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

Robert G. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.