

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30099

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BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton	c. LENGTH OF STAY (In this place) 7 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) Trenton-Jackson Twp. 0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Hospital		d. STREET ADDRESS (If rural, give location) R#3-Hwy. 65.	
3. NAME OF DECEASED (Type or Print) a. (First) Lidd b. (Middle) Belle c. (Last) Altenderfer			4. DATE OF DEATH (Month) (Day) (Year) June 12 1950
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31-1889
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Brown County Nebraska
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Irvin Ellis		13b. MOTHER'S MAIDEN NAME Sallie Plonecker	14. NAME OF HUSBAND OR WIFE John William Altenderfer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mourne Altenderfer ADDRESS Trenton R#3
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid 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 6 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4222	
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 April 1st, 1950, to June 12th, 1950, that I last saw the deceased alive on June 12th, 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Chester R. Duffey M.D.		23b. ADDRESS Trenton Mo	23c. DATE SIGNED June 13th 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/15/1950	24c. NAME OF CEMETERY OR CREMATORY Stucker Cemetery	24d. LOCATION (City, town, & county) (State) Laredo Missouri
DATE REC'D BY LOCAL REG. 6/13/50	REGISTRAR'S SIGNATURE Irene Fair	25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson ADDRESS Funeral Home Laredo Mo	

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

OCT 16 1962



SEP 21 1950

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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 SL

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.