

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5821
1140

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Dunn 10710	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) Otis HOWARD Altis			4. DATE OF DEATH (Month) (Day) (Year) 2-5-51		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 6, 1889	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Cabool, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Isaac Altis		13b. MOTHER'S MAIDEN NAME Betty Atkins		14. NAME OF HUSBAND OR WIFE Susie Altis	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME Susie Altis - Dunn, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia and severe anemia</u>	DUE TO (b) <u>Multiple myeloma</u>			2 yrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)
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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? 203X
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22. I hereby certify that I attended the deceased from 2-2, 1951, to 2-5, 1951, that I last saw the deceased alive on 2-5, 1951, and that death occurred at 1245 A.M., from the causes and on the date stated above.

23a. SIGNATURE FR Bradley	(Degree or title) M.D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 2/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-5-51	24c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery	24d. LOCATION (City, town, or county) (State) Cabool, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 5 1951 J B Lusk	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe-4700 Washington Blvd	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

John J. Haine

Signed.....

Student Embalmer

Licensed Embalmer No. *4108*

P. O. Address *St. Louis 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.