

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20865

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis hospital</u>		<u>219 N. Willow</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Thos.</u> b. (Middle) <u>Hiliard</u> c. (Last) <u>Alsbery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 8 1889</u>	9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR IF UNDER 24 Hrs. Min. <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Wabash engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Ravenwood, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>u s a</u>				

13a. FATHER'S NAME <u>Brice h. Alsbery</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Sylvia Alsbery</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WWI</u>	16. SOCIAL SECURITY NO. <u>702-05-3924</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sylvia Alsbery Stanberry, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>3 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last. DUE TO (b) <u>Right heart failure</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 <u>7824</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 June 17, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 4:23 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Keck</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Conception Jet, Mo.</u>	23c. DATE SIGNED <u>6/19/51</u>
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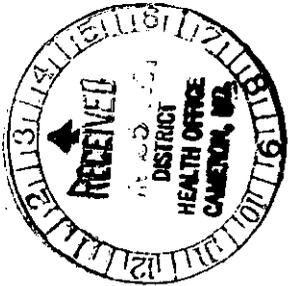
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6/19/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry, Gentry, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-23-51</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tabby B. Phillips Stanberry</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

working under my personal supervision.

~~Student Embalmer No. _____~~

Signed Leroy H. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stonbury 14

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.