

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34202

BIRTH NO. 62389-51		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 5639		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington 0540			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles E Odessa				d. STREET ADDRESS (If rural, give location) 4 Miles E Odessa			
3. NAME OF DECEASED (Type or Print) Harry Ray Alumbaugh				4. DATE OF DEATH (Month) (Day) (Year) Oct 2 51			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct 1 - 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 1 day 2 1/2 hr		11. BIRTHPLACE (State or foreign country) Odessa Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Alumbaugh		13b. MOTHER'S MAIDEN NAME Martha HANKINS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Charles L. Alumbaugh		ADDRESS	
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) Brain injury ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Child Birth (Labor) 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7600				20. AUTOPSY? YES ☐ NO ☐	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/1/1951, to 10/2/1952, that I last saw the deceased alive on 10/2/1952, and that death occurred at 5:00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Odessa Mo.		23c. DATE SIGNED 10/3/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 3-52		24c. NAME OF CEMETERY OR CREMATORY Mt Tabor		24d. LOCATION (City, town, or county) (State) Lafayette Mo	
DATE REC'D BY LOCAL REG. 10/3/52		REGISTRAR'S SIGNATURE Emma Davidson		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 16 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed OCT 16 1951

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.....
Student Embalmer

Signed

Licensed Embalmer No. 2945

P. O. Address Oliver 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.