

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH13959  
State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Newaygo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newaygo</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (Specify place) <u>24 hrs</u>		c. CITY OR TOWN <u>West Plains</u>		0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shrute Stage Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph Perry</u>		b. (Middle) <u>Alapough</u>		c. (Last) _____	
4. DATE OF DEATH <u>12-20-1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>1 Nov-1877</u>		9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>1</u>		11. DAYS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>O.P. Alapough</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Henrietta Alapough</u>		ADDRESS _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Newaygo Alapough, Matt Hain</u>		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) <u>Ischemic Hypertension with Decompensation -</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		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. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 <u>17 MAR 1952</u> to <u>20 Dec 1951</u> , that I last saw the deceased alive on <u>19 Dec 1951</u> , and that death occurred at <u>1:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed or title) <u>Genevieve P. W. W.</u>				23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>JAN 14 1952</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>1951</u>		24b. DATE <u>23-Dec-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Homeland</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-28-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains, Mo</u>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*D. D. Roberts*

Licensed Embalmer No.

*3437*

P. O. Address

*West Plains*

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.