

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **619**

FILED JAN 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **6289** Registrar's No. **7**

240

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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Claycoma</b>	c. LENGTH OF STAY (If in this place) <b>32 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Claycoma</b> <b>0240</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Kansas City R. 5</b>		d. STREET ADDRESS (If rural, give location) <b>North Kansas City R. 5</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rae</b> b. (Middle) <b>Eveland</b> c. (Last) <b>Alpert</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17 52</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 6 1905</b>		9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR <b>9</b> Days	IF UNDER 24 HRS. <b>11</b> Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Detroit Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>J. W. Neif</b>	13b. MOTHER'S MAIDEN NAME <b>Maude Dalton</b>	14. NAME OF HUSBAND OR WIFE <b>Lewis M. Alpert</b>	
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Sue Alpert</b> ADDRESS <b>N. Kansas City R. 5 Mo.</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with Broncho-</b> DUE TO (c) <b>pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
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 <b>4200</b>		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 5**, 19**52**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **Jan 17**, 19**52**, and that death occurred at **10:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm H. Goadson M.D.</b>	23b. ADDRESS <b>Liberty Mo</b>	23c. DATE SIGNED <b>1/18/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 19-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 19-52</b>	REGISTRAR'S SIGNATURE <b>Beulah Kitcher 63</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Green-Crean Co. Liberty Mo</b>	
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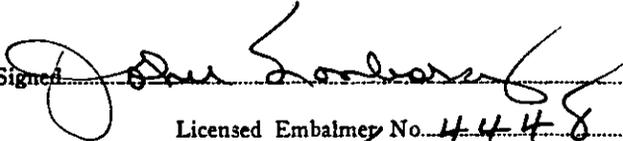
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.