

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7561

State File No. ....

FILED APR 15 1952

BIRTH NO. ....		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>128</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0143</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>0143</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>3 Mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>110 W. 7th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>Belle</u> c. (Last) <u>Alsnach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>March 2, 1878</u> <u>74</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Indiana</u> / <u>USA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Mahlon Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Frush</u>		14. NAME OF HUSBAND OR WIFE <u>DIC.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE AND NAME ADDRESS <u>Mary Jane Dawson</u> <u>Fulton Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cecum with gangrene and perforation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>153X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
19a. DATE OF OPERATION <u>1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Cecum with obstruction</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/26, 1951</u> , to <u>4/7, 1951</u> , that I last saw the deceased alive on <u>4/6, 1952</u> , and that death occurred at <u>4:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Nancy Durr of M.D.</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>4/7/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 7, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rochester Indiana</u>		24d. LOCATION (City, town, or county) (State) <u>Rochester Indiana</u>	
DATE REC'D BY LOCAL REG. <u>April-10-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maespie Funeral Home Fulton</u>			

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.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ray A. Stewart

Licensed Embalmer No. 3222

P. O. Address Fulton 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.