

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16267**

FILED MAY 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>5560</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u> <u>0460</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> <u>0460</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Willow Springs, Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Willow Springs, Rural</u> <u>Route 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>Daniel</u>		a. (First) <u>Nathan</u>		b. (Middle) <u>Altis</u>		c. (Last) _____	
4. DATE OF DEATH <u>May 9, 1952</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>Feb. 15, 1886</u>		9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>2</u>		11. DAYS <u>24</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Nathan N. Altis</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Altis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Altis Willow Springs,</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion Acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>One Hour</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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? <u>YES</u> ☐ <u>NO</u> ☒		4201	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>MAY 9, 1952</u> , to <u>MAY 9, 1952</u> , that I last saw the deceased alive on <u>MAY 9, 1952</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>5/13/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/13/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cabool, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Ballard</u>		ADDRESS <u>Burns Willow Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/17/52</u>		REGISTRAR'S SIGNATURE <u>383-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Ballard</u>		ADDRESS <u>Burns Willow Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Fred W. Barnes*
Fred W. Barnes

Signed.....

Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.