

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23509**

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

BIRTH NO. _____		REG. DIST. NO. -1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 270	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hicksville, Mo		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning		1580	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brain South Memorial				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Fredrick			b. (Middle) J		c. (Last) Alspach		4. DATE OF DEATH (Month) (Day) (Year) July 28 52
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 27, 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Reuben W. Alspach			13b. MOTHER'S MAIDEN NAME Ann M. Peters		14. NAME OF HUSBAND OR WIFE Ida M Alspach		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Carter Browning, Mo.			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Debility of aged					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombo circulatory atheros. syst. 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 3150				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) (m.)		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 7/26 , 19 52 , to 7/28 , 19 52 , that I last saw the deceased alive on 7/28 , 19 52 , and that death occurred at 7:50 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE J. King			b. (Degree or title) M.D.		23b. ADDRESS Hicksville, Mo.		23c. DATE SIGNED 7/28/52
24a. REMOVAL (Special)		24b. DATE 7-30-52		24c. NAME OF CEMETERY OR CREMATORY Hover		24d. LOCATION (City, town, or county) (State) Browning, Rural, Mo	
DATE REC'D BY LOCAL REG. 7-30-52		REGISTRAR'S SIGNATURE Nate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home		ADDRESS Browning, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

