

STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>201</u>	
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>COLUMBIA</u>		c. LENGTH OF STAY (in this place) <u>70 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>COLUMBIA</u>		<u>0105</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX 307 N. 7th St.</u>				d. STREET ADDRESS (If rural, give location) <u>307 N. 7th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLIE</u>		b. (Middle) <u>AXXXXX</u>		c. (Last) <u>ALSPRAW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 3, 1860</u>	
9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>		11. IF UNDER 24 HRS. Hours <u>27</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</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>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>W. VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>WM GARRETT</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIETT TRIPLET</u>		14. NAME OF HUSBAND OR <u>WM ALSPRAW</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G.L. WATSON</u> ADDRESS <u>COLUMBIA MMO</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery dis</u>		15 yrs			
		DUE TO (c) <u>Hypertension, arterial general</u>		8 wks			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Rt. hip</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (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>7-1-</u> , 1952, to <u>7-30-</u> , 1952, that I last saw the deceased alive on <u>7-29</u> , 1952, and that death occurred at <u>11:25 P.M.</u> on the causes and on the date stated above.							
23a. SIGNATURE <u>Jamie Atkins M.D.</u> (Degree or title)				23b. ADDRESS <u>506 Cherry, Columbia</u>		23c. DATE SIGNED <u>8-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 2nd 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHLEHEM</u>		24d. LOCATION (City, town, or county) (State) <u>BOONE COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 2 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLETT FUNERAL HOME</u> ADDRESS <u>COLUMBIA</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, by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.