

FILED NOV 26 1952

# STANDARD CERTIFICATE OF DEATH

39821  
State File No. 6015 Registrar's No. 68

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u> <u>0451</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>105 S. Williams</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pleasant View Conv. Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elliott</u>		b. (Middle) <u>Alsop</u>		c. (Last) <u>Alsop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1952</u>	
5. SEX <u>Male</u> <u>0</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>2/26/1874</u>		9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>New Franklin Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Elliott Alsop</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Ousley</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian May Isaac</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Helen Alsop Fayette, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>		Unknown	
		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 <u>331X</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) (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 11-20, 1952, to 11-22, 1952, that I last saw the deceased alive on 11-20, 1952, and that death occurred at 4:15 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Morris C. Epler M.D.</u>		23b. ADDRESS <u>Huntsville MO</u>		23c. DATE SIGNED <u>11-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/22/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		24f. ADDRESS <u>Fayette, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-24-52</u>		REGISTRAR'S SIGNATURE <u>Thos. A. Bonaterra</u>		24g. ADDRESS <u>Fayette, 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 \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Jayette 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.

*21*