

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44246

State File No.

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Castor</u>		c. LENGTH OF STAY (in this place) <u>Castor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield, Mo. Route 1030</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u> b. (Middle) <u>---</u> c. (Last) <u>ALSUP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>Mar. 20, 1882</u>	9. AGE (in years last birthday) <u>70</u>	10. CITIZENSHIP (If naturalized, give date) <u>U. S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife & teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Baxter Bolin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Culbertson</u>		14. NAME OF HUSBAND OR WIFE <u>John Alsup</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>John Alsup, Bloomfield, Mo. Rt.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the liver</u>				<u>8 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>Cholecystitis & -lithiasis</u>		<u>?</u>	
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		a/ <u>Diabetes mellitus</u>		<u>3 yrs</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		b/ <u>Coronary heart disease</u>		<u>Unknown</u>	

19a. DATE OF OPERATION <u>5/9/46</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis, cirrhosis</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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8/23, 1952, to 12/29, 1952, that I last saw the deceased alive on 12/28, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. B. Arst</u> (Degree or title)		23b. ADDRESS <u>M.D. Bloomfield, Mo.</u>		23c. DATE SIGNED <u>1/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bluff cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Stoddard co., Missouri</u>			

DATE REC'D BY LOCAL REG. <u>Jan. 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Rose Webber</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES, UND. CO. Bloomfield, Mo.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

1030

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 Lulu

Cooper # 3499

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed James C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.