

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21166

State File No. ....

FILED JUN 29 1953

BIRTH MO. ....		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. LENGTH OF STAY (In this place) 12 yrs		c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Salem, Mo.				e. STREET ADDRESS (If rural, give location) 6th Street.			
3. NAME OF DECEASED (Type or Print) J.		a. (First) Lyle		c. (Last) Altis		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1953	
5. SEX M O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 16 Aug. 1934	
9. AGE (In years last birthday) 18		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Cabool, Mo.	
13a. FATHER'S NAME Roy E. Altis				13b. MOTHER'S MAIDEN NAME Anna Adkins		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 492-36-7786		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy E. Altis, Salem, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphosarcoma INTERVAL BETWEEN ONSET AND DEATH 6 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 2001			
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 2-17 1953, to 6-20 1953, that I last saw the deceased alive on 6-20 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roy E. Mitchell M.D.				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 6/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22, 53		24c. NAME OF CEMETERY OR CREMATORY CITY		24d. LOCATION (City, town, or county) (State) Cabool, Mo.	
DATE REC'D BY LOCAL REG. 10-22-53		REGISTRAR'S SIGNATURE M. M. Hart, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 31 1958

### 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, ~~only~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Marshall C. Black*.....

Licensed Embalmer No. *471*.....

P. O. Address *Salem, 7*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.