

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21215**

No. 300
10. 48

FILED JUN 25 1953

360

| | | | | | | | |
|---|---------------------------|---|-----------------------------------|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>110</u> | | PRIMARY REG. DIST. NO. <u>4182</u> | | Registrar's No. <u>33</u> | |
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN MO | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) 03rd 0 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) REINHARD | | b. (Middle) A | | c. (Last) ALTHAGE | |
| | | 4. DATE OF DEATH | | (Month) 6 | | (Day) 18 (Year) 53 | |
| 5. SEX MALE | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 1-23-1895 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months 4 Days 25 | IF UNDER 1 YEAR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) NEW HAVEN RURAL 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME AUGUST ALTHAGE | | 13b. MOTHER'S MAIDEN NAME ELISA SCHROEDER | | 14. NAME OF HUSBAND OR WIFE ALVINA ALTHAGE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. 492-349801 | | 17. INFORMANT'S SIGNATURE OR NAME Alvina Althage ADDRESS Hunttown 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia following cerebral thrombosis | | | | INTERVAL BETWEEN ONSET AND DEATH 1 hour 3-5 years 2 yrs 7 mo. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION No operation | | 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) 331X | | | |
| 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 <u>1/20</u> , 19 <u>50</u> , to <u>6/18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/18</u> , 19 <u>53</u> , and that death occurred at <u>6:50</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE B. P. Gussmann M.D. (Degree or title) | | | | 23b. ADDRESS New Haven, Mo | | 23c. DATE SIGNED 6/19/53 | |
| 24a. BURIAL, CREMATION, OR DISPOSITION (Specify) _____ | | 24b. DATE 6-21-53 | | 24c. NAME OF CEMETERY OR CREMATORY French Lutheran Cem. Hunttown | | 24d. LOCATION (City, town, or county) (State) Hunttown Mo 240 | |
| DATE REC'D BY LOCAL REG. June 2, 1953 | | REGISTRAR'S SIGNATURE Eduard D. Jung | | 25. FUNERAL DIRECTOR'S SIGNATURE L.C. Fertig & Son | | ADDRESS New Haven Mo | |

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 Earl Fortner

Licensed Embalmer No. 9385

P. O. Address Greenville N.C.

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.