

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32594

State File No.

FILED OCT 13 1953

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5926</u>		Registrar's No. <u>305</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Sedalia</u>		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 <u>R.F.D. #1</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u> <u>0800</u>			
3. NAME OF DECEASED (Type or Print) <u>MARGARETHA LAUER ALT</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-2-1953</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>Feb-18-1867</u>	
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Peter Lauer</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret</u>			
14. NAME OF HUSBAND OR WIFE <u>Nicholas Alt</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Henry Alt</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.				19. ADDRESS <u>Sedalia</u>			
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio-Vascular Disease, Decompensated.</u> DUE TO (c) <u>Large Right Ovarian Cyst.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>12 mos.</u> <u>5 years.</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>None. Medical only.</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>				21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21e. HOW DID INJURY OCCUR				22. I hereby certify that I attended the deceased from <u>Over 25 yrs.</u> , to <u>Oct. 2nd, 1953</u> , that I last saw the deceased alive on <u>Oct. 1st</u> , 1953, and that death occurred at <u>1:40 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri.</u>			
23c. DATE SIGNED <u>10-2-53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>10-5-53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>			
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. Laughlin Bros</u>			
DATE REC'D BY LOCAL REG. <u>10-5-53</u>				ADDRESS <u>Sedalia</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.....
Signature of Student Embalmer

Signed.....
K.P.M. Lary

Licensed Embalmer No. 318

P. O. Address Sedalia

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.