U.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1953

State File No. 39735

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 73

1065 0 0

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

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lammert Hospy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newtown - Rural
d. STREET ADDRESS (If rural, give location): Clay Twp

1050 1

3. NAME OF DECEASED (Type or Print)
a. (First): Earnest
b. (Middle): B
c. (Last): Altizer

4. DATE OF DEATH (Month) (Day) (Year): 11 - 16 - 1953

5. SEX: M D
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-10-1895
9. AGE (In years last birthday): 58 | If under 1 year: Months 8 Days 6 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Pollock - Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Joseph M. Altizer
13b. MOTHER'S MAIDEN NAME: Olive Hill
14. NAME OF HUSBAND OR WIFE: Thelma Yardley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. I.
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Thelma Altizer - Newtown - Mo
ADDRESS

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): Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Virus infection of GI tract — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15, 1953, *to* Nov 16, 1953, *that I last saw the deceased alive on* Nov 16, 1953, *and that death occurred at* 3:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marian Lambert M.D.
23b. ADDRESS: Princeton, Mo.
23c. DATE SIGNED: 11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/19/53
24c. NAME OF CEMETERY OR CREMATORY: Campbell Cem
24d. LOCATION (City, town, or county) (State): Pollock - Mo

DATE REC'D BY LOCAL REG.: 12-4-53
REGISTRAR'S SIGNATURE: Hoel Mason 393
25. FUNERAL DIRECTOR'S SIGNATURE: Schoenes Dwight Schoenes
ADDRESS: Milan - Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 5

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan, 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.