

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33356

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 months</u>	c. CITY OR TOWN <u>Chicago</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>WILLIAM M. ALTHOUSE</u>		a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>10-12-54</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>May 17 - 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift & Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Juagat Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US AF</u>	

13a. FATHER'S NAME <u>John H Althouse</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Hartneth</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Althouse</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>339-09-0464</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Althouse</u>	ADDRESS <u>Seattle Washington</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic valvular heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disease with Decompensation</u> 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 <u>4214</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from May 1954, to Oct 10, 1954, that I last saw the deceased alive on 10-12, 1954, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Cameron, Mo</u>	23c. DATE SIGNED <u>10-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Switzerland</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron MO</u>
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DATE REC'D BY LOCAL REG. <u>10-18-54</u>	REGISTRAR'S SIGNATURE <u>Wm. Fred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>	ADDRESS <u>Cameron</u>
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WRITE PLAINLY—USING UNFADEING 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.....
Robert F. Pollock

Licensed Embalmer No. *477*

P. O. Address *Lanham*

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.