

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33472

State File No.

BIRTH NO. 65392-54 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 Day</u>		e. STREET ADDRESS (If rural, give location) <u>2429 S. 2nd Street</u> <u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESTER</u>		b. (Middle) <u>EUGENE</u> c. (Last) <u>McALPIN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23 1954</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>Aug. 29 1954</u>	
9. AGE (In years last birthday) Months <u>1</u> Days <u>24</u>		IF UNDER 1 YEAR Hours <u>24</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Albert E. McAlpin</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Lee Johns</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert L McAlpin, St. Louis, Missouri</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration</u>		ANTECEDENT CAUSES		<u>days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Infectious Diarrhea</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		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)		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>10/23</u> , 19 <u>54</u> , to <u>10/23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9:30 A.M.</u> , 19 <u>54</u> , and that death occurred at <u>7:05</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Joel A. Zimmerman, M.D.</u>		23b. ADDRESS <u>Gibson, Missouri</u>	
23c. DATE SIGNED <u>10/29/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 25 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>North Cannan Cemetery, Gibson, Missouri</u>		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <u>11-2-1954</u>		REGISTRAR'S SIGNATURE <u>Carl Henkard</u> <u>90</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u> ADDRESS	
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RECEIVED DUNKLIN COUNTY

DEPARTMENT 11-8-5

COUNTY FILE NUMBER 115

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.