

36471

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Butler</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 W. Ft. Scott</u>		e. STREET ADDRESS (If rural, give location) <u>804 W. Ft. Scott</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Obert</u> b. (Middle) <u>---</u> c. (Last) <u>Alkire</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11, 1884</u>
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>69</u>	11. IF UNDER 14 HRS. Hours <u>69</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. L. Alkire</u>		13b. MOTHER'S MAIDEN NAME <u>Earey Toothman</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Alkire</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702 18 1034</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Alkire</u>		ADDRESS <u>Butler, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Phosphorygus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized</u> DUE TO (c) <u>Septicemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Transverse Myelitis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0534</u>	
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 (Month) (Day) (Year) (Hour) (Min.)		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>Aug 7, 1954</u> to <u>Nov 11, 1954</u> , that I last saw the deceased alive on <u>11/11</u> , 19 <u>54</u> , and that death occurred at <u>12 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dorothy W. Luter, M.D.</u>		23b. ADDRESS <u>Butler, Mo.</u>	
23c. DATE SIGNED <u>11-12-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Nov. 13-54</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calver-Henderson Butler, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

No. 300

10-48

FILED NOV 29 1954

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 G. Steinbeck _____

Licensed Embalmer No. 4657

P. O. Address Butler, Miss

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.