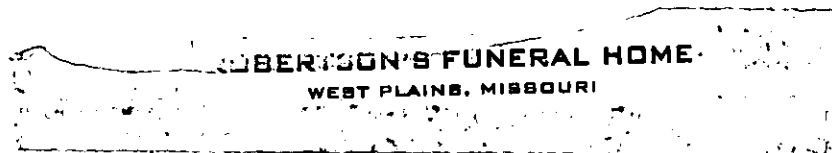


FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 40745
Registrar's No. 68

BIRTH NO. <u>86820-54</u>		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (If this place) <u>5 hrs</u>		c. CITY OR TOWN <u>West Plains Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0461</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Hosp.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronald</u> b. (Middle) <u>Glynn</u> c. (Last) <u>Alsup</u>				4. DATE OF DEATH (Month) <u>12</u> (Day) <u>18</u> (Year) <u>54</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>12-18-54</u>	
9. AGE (In years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>B. J. Alsup Jr</u>		13b. MOTHER'S MAIDEN NAME <u>Sue M. Hochlin</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B. J. Alsup</u>		ADDRESS <u>West Plains 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>Prematurity (Twin)</u> INTERVAL BETWEEN ONSET AND DEATH <u>65 mo</u> ANTECEDENT CAUSES DUE TO (b) <u>0</u> DUE TO (c) <u>0</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776x</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Normal Delivery</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 OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>12-18</u> , 19 <u>54</u> , to <u>12-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-18</u> , 19 <u>54</u> , and that death occurred at <u>8:10</u> <u>PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Stoll M.D.</u> (Degree or title)				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>12-30-54</u>	
24a. BY BIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Viola</u>		24d. LOCATION (City, town, or county) (State) <u>Viola Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>1-6-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)



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 _____

Licensed Embalmer No. 3437

P. O. Address West Plains

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.