

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43205**

BIRTH NO.		REG. DIST. NO. 376		PRIMARY REG. DIST. NO. 4560		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Wright b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norwood, Mo. c. LENGTH OF STAY (in this place) 3 weeks d. FULL NAME OF HOSPITAL OR INSTITUTION Millard Rest Home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright c. CITY OR TOWN Rayborn, Mo. d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ e. STREET ADDRESS (If rural, give location) 1140 1/2 Mile South of Rayborn			
3. NAME OF DECEASED (Type or Print) a. (First) Alfie b. (Middle) c. (Last) Alumbaugh		4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1954		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH March 28, 1878		9. AGE (In years last birthday) 75 If UNDER 1 YEAR: Months Days If UNDER 1 HRS. Hours Mins.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) Rayborn, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Izor Dodson		13b. MOTHER'S MAIDEN NAME Mary E. Johns		14. NAME OF HUSBAND OR WIFE Tilford Alumbaugh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXX		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME Sam Dotson,			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Carcinoma of uterus DUE TO (b) 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 ☐ 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) (Min.)	
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, 1954 , to 12-29, 1954 , that I last saw the deceased alive on 12-20, 1954 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Alta D. O.		23b. ADDRESS Monrovia, Mo.		23c. DATE SIGNED 12-29-54			
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-55		24c. NAME OF CEMETERY OR CREMATORY Green Mountain Cemetery		24d. LOCATION (City, town, or county) (State) Green Mtn., Mo.	
DATE REC'D BY LOCAL REG. Jan 6 1955		REGISTRAR'S SIGNATURE Mrs. A. R. Warshaw		25. FUNERAL DIRECTOR'S SIGNATURE Rev. Barker		ADDRESS Mtn. Grove, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 155-1
Date Filed 1-15-55

6561 97 NOV

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. 38

P. O. Address Mt. St.

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.