

FILED MAR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4173

BIRTH NO. _____		REG. DIST. NO. 387		PRIMARY REG. DIST. NO. 4085		Registrar's No. 5											
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale,		c. LENGTH OF STAY (in this place) 50 year		c. CITY OR TOWN Hale,		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: Home East part Hale.				e. STREET ADDRESS (If rural, give location) East part Hale, 0170 0													
3. NAME OF DECEASED (Type or Print) a. (First) MICHALOUS			b. (Middle) XX		c. (Last) ALTER		4. DATE OF DEATH (Month) (Day) (Year) March 1st, 1955										
5. SEX ♂ M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 26, 1864		9. AGE (In years last birthday) 90		10. MONTHS 2		11. DAYS 5		12. HOURS 		13. MIN. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY same				11. BIRTHPLACE (City and State or Foreign Country) Katerbach, Germany				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME dont know				13b. MOTHER'S MAIDEN NAME dont know				14. NAME OF HUSBAND OR WIFE Johanna (Monach) Alter									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no				17. INFORMANT'S SIGNATURE OR NAME Russell Alter				ADDRESS Hale, Mo.					
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) Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4-201								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 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 3-1 , 1955, to 3-1 , 1955, that I last saw the deceased alive on 3-1 , 1955, and that death occurred at 8 A. m., from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) Dr. Edwin A. Ullrich D.O.										23b. ADDRESS Hale, Mo				23c. DATE SIGNED 3/2/1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 3/3/1955		24c. NAME OF CEMETERY OR CREMATORY Lakeside cemetery				24d. LOCATION (City, town, or county) (State) Sunmer, Missouri							
DATE REC'D BY LOCAL REG. 3-2-1955				REGISTRAR'S SIGNATURE Mrs. Rex Henderson				25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin,				ADDRESS Tina, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1956

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.....
Clifford W. Rushen

Licensed Embalmer No. 3233

P. O. Address ... Tina, 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.