

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6936

BIRTH NO.		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6091</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u> <u>0970</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>SALT POND TWP</u>		c. LENGTH OF STAY (In this place) <u>52 YEARS</u>		c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6 MILES EAST OF SWEET SPRINGS</u>				e. STREET ADDRESS: <u>6 MILES EAST OF SWEET SPRINGS, MO</u> <u>09700</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>ALPERS</u>	
4. DATE OF DEATH		(Month) <u>FEBRUARY</u>		(Day) <u>18</u>		(Year) <u>1955</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>OCTOBER 9, 1874</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>80</u>		11. DAYS <u>80</u>		12. HOURS <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WELDON SPRINGS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN REINWALD</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE MEYER</u>		14. NAME OF HUSBAND OR WIFE <u>PETER ALPERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY ALPERS-SWEET SPRINGS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES Rt heart failure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic + hypertensive cardiovascular disease</u> DUE TO (c) <u>Arterio-sclerotic + hypertensive cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443 X		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>Nov. 1949</u> to <u>Feb 18, 1955</u> , that I last saw the deceased alive on <u>Feb 27, 1955</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Kelch H Jones</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>2-19-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>FEBRUARY 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY</u>		24d. LOCATION (City, town, or county) (State) <u>SALINE COUNTY, MO</u>	
DATE REC'D BY LOCAL REG. <u>February 19, 1955</u>		REGISTRAR'S SIGNATURE <u>Mary Stanley</u> <u>509</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. F. Parker Sweet Springs, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *L. F. Parker*

Licensed Embalmer No. *389*

P. O. Address *Sweet Springs*

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.