

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 2, 1955

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 75

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN <u>0362</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON <u>0</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN (LYON) <u>0360</u> | |
| c. LENGTH OF STAY (in this place) <u>1 1/2 Days</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL | | | |

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|--|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) H. c. (Last) ALTHAGE | | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 24 1955 | | |
| 5. SEX MALE <u>0</u> | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH AUGUST 31, 1885 | 9. AGE (in years last birthday) 69 | IF UNDER 1 YEAR Days 7 Hours 23 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | | 11. BIRTHPLACE (State or foreign country) NEW HAVEN MISSOURI <u>0</u> | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.S. A. | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME AUGUST ALTHAGE | | 13b. MOTHER'S MAIDEN NAME ELIZA SCHROEDER | | 14. NAME OF HUSBAND OR WIFE FRIEDA ALTHAGE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO | | 16. SOCIAL SECURITY NO. NIL | | 17. INFORMANT'S SIGNATURE OR NAME Mr. William Schew New Haven Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH 3 days |

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|---|--|--|--|------------------|--|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy | | DUE TO (b) _____ | | DUE TO (c) _____ | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | DUE TO (b) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis & hypertension | | 5-10 yrs | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 334 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) 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 9/23/1950, to 4/24/55, that I last saw the deceased alive on 4/23/55, 1955, and that death occurred at 9:30 Am., from the causes and on the date stated above.

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|--|--|------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) B. Wisniam M.D. | | 23b. ADDRESS New Haven, Mo. | | 23c. DATE SIGNED 4/25/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 4-27 1955 | | 24c. NAME OF CEMETERY OR CREMATORY PORT HUDSON LUTH. | |
| 24d. LOCATION (City, town, or county) (State) PORT HUDSON MO. | | | | | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 4/27/55 | | REGISTRAR'S SIGNATURE J.P. Hedman | | 25. FUNERAL DIRECTOR'S SIGNATURE J.P. Feltus & Son | |
| | | | | ADDRESS New Haven Mo | |

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
Student Embalmer

Signed Earl A. Tuttle

Licensed Embalmer No. 3385

P. O. Address New Haven Conn

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.