

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9492

State File No. ....

FILED MAR 22 1956

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		STREET ADDRESS (If rural, give location) <u>316 Fulton Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>ALDERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 31, 1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John W. Alderman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Salisbury</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>-----</u>		16. SOCIAL SECURITY NO. <u>488-16-4049</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. O. Bryson, Joplin, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  <u>Unknown</u>  <u>5-7 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3 3/4 X H</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 9-16, 1955, to 3-13, 1956, that I last saw the deceased alive on 3-12, 1956, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Carthage, Missouri</u>		23c. DATE SIGNED <u>3-13-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waco Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waco, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-14-56</u>		REGISTRAR'S SIGNATURE <u>Elly Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

Jasper County Health Office  
County File Number 56-3-253  
Date Filed MAR 21 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..... Frank W. Kuehl

Licensed Embalmer No. 444

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.