

STANDARD CERTIFICATE OF DEATH

22963

State File No.

FILED AUG 8 - 1956

BIRTH NO.

REG. DIST. NO. 44PRIMARY REG. DIST. NO. 4062Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cowgill</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Cowgill</u>		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				e. STREET ADDRESS (If rural, give location) <u>0120</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Fauna</u> c. (Last) <u>Alspach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 26 56</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>2-25-1882</u>		
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours Min.				
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>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Findlay Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Simon A. Pepple</u>			13b. MOTHER'S MAIDEN NAME <u>Miranda Wells</u>			14. NAME OF HUSBAND OR WIFE <u>Jay Earl Alspach</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND NAME ADDRESS <u>L.A. Alspach, 718 Divine Ave, Casper,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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. <u>Amputation Leg -</u>				INTERVAL BETWEEN ONSET AND DEATH. <u>16 Hrs.</u> <u>2 years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Cowgill Caldwell MO -</u>				
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>7/25</u> , 19 <u>56</u> , to <u>7/26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/25</u> , 19 <u>56</u> , and that death occurred at <u>3 p.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank R. Deley, MD</u> (Degree or title)				23b. ADDRESS <u>Hamilton, Mo -</u>		23c. DATE SIGNED <u>7/27/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-29-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-6-1956</u>		REGISTRAR'S SIGNATURE <u>Max Ruth</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cramer Clark, Kingston, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 11 1957

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..... *Cramer Clark*

Licensed Embalmer No. *325*

P. O. Address *Kingston*

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.