

FILED SEP 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31132

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 week		e. STREET ADDRESS (If rural, give location) Route 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ROY	b. (Middle) MONROE	c. (Last) ALUMBAUGH	4. DATE OF DEATH (Month) (Day) (Year) Sept 14, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 15, 1887	9. AGE (To years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired machinist	10b. KIND OF BUSINESS OR INDUSTRY Wms Products Co	11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Alumbaugh	13b. MOTHER'S MAIDEN NAME Nancy Powell	14. NAME OF HUSBAND OR WIFE Louise M. Alumbaugh
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Alumbaugh, Rte 4, Carthage, Mo	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES DUE TO (b) Hypertension <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 3314
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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? _____
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22. I hereby certify that I attended the deceased from February 19 50, to September 14 56 that I last saw the deceased alive on Sept. 14, 19 56 and that death occurred at 6:15p m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS 414 Grant, Carthage, Mo	23c. DATE SIGNED 9-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 16, 1956	24c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery	24d. LOCATION (City, town, or county) (State) Jasper County, Missouri
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DATE REC'D BY LOCAL REG. 9-15-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0492

1390

RECEIVED SEP
Jasper County Health Office
County File Number 56-9-750
Date Filed SEP 9 1958

MAY 14 1958

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 *Gene P. Pugh*

Licensed Embalmer No. 4231

P. O. Address Carthage, Mo.

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.