

FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

308658
STATE FILE NUMBER 38

Registration District No. 378 Primary Registration District No. 4552 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Neurology 60</u> INSTITUTION <u>men</u>		d. STREET ADDRESS <u>903 St Leon</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <u>Clayton</u> Middle <u>Esther</u> Last <u>Altermat</u> (Type or print)		4. DATE OF DEATH <u>6-30-57</u> Month Day Year	
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/21-1922</u>
9. AGE (In years last birthday) <u>35</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u>2</u> Min. <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		11. BIRTHPLACE (City and state or country) <u>Douglas Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Joe Altermat</u>	
14. MOTHER'S MAIDEN NAME <u>Ada Logan</u>		15. NAME OF HUSBAND OR WIFE <u>Clayton Altermat</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		17. SOCIAL SECURITY NO. <u>92</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basilar Skull Fracture</u> <u>Crown Fracture of Tibia + Fibula</u> <u>Fractured Ribs</u> <u>Multiple Fractures of Face</u> <u>Hemorrhage + Shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>8161</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Two Hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Highway Automobile Accident</u> <u>26</u>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car + Truck collided on U.S. Hwy 60</u>	
20c. TIME OF INJURY .Hour .a.m. <u>6-30-57</u> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hospital, etc.) <u>Hwy 60 - West Plains, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>West Plains</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>30-16-57</u> to <u>30-6-57</u> and last saw him alive on <u>30-6-57</u> Death occurred at <u>3:00</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr. H. W. West Plains, Mo.</u>		22b. ADDRESS <u>West Plains, Mo.</u>	
22c. DATE SIGNED <u>JUL 1 - 1957</u>		23a. NAME OF CEMETERY OR CREMATORY <u>West Plains</u>	
23b. LOCATION (City, town, or county) <u>West Plains</u>		23c. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Robertson Mortuary</u>		25. DATE RECD. BY LOCAL REG. <u>8-11-57</u>	
26. REGISTRAR'S SIGNATURE <u>A. C. Ames</u>			

1966 20 1957

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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 _____

Licensed Embalmer No. 3432

P. O. Address _____

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.