

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013992
State File No.

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 302A Registrar's No. 32

04-51
583X

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette		c. CITY OR TOWN New Franklin	
c. LENGTH OF STAY (in this place) 12 days		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 Lee Hospital		STREET ADDRESS (If rural, give location) 223 W. Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) WEBB b. (Middle) S. c. (Last) ALSOB		4. DATE OF DEATH (Month) (Day) (Year) April 17, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 29, 1889
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Days	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer & Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) New Franklin, Missouri
13a. FATHER'S NAME Thomas S. Alsob		13b. MOTHER'S MAIDEN NAME Mary Lou Strange	14. NAME OF HUSBAND OR WIFE Mitchell Herndon Alsob
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-42-4755	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mitchell Alsob, New Franklin
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Refractive Coma		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
ANTECEDENT CAUSES		DUE TO (b) Chr. Nephritis - hepatitis 6 m.	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Cardiac Decompensation 6 m.	
II. OTHER SIGNIFICANT CONDITIONS		Rheumatoid arthritis	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 583X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Dec 1957 , to April 17, 1958 , that I last saw the deceased alive on 4-17, 1958 , and that death occurred at 2 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE M. P. Beech M.D. (Degree or title)		23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 4-21-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 20, 58	24c. NAME OF CEMETERY OR CREMATORY l.t. Pleasant Cem.	24d. LOCATION (City, town, or county) (State) New Franklin, Missouri.
DATE REC'D BY LOCAL REG. 4-21-58	REGISTRAR'S SIGNATURE Mary K. Shell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MARKLAND-HALL NEW FRANKLIN, Mo.	

1958

MAY 6 9 AM

MAY 2

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 Tom J. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin

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.