

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043266

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1326

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 W. Colorado		Length of stay in lb 42 yrs		d. STREET ADDRESS (If outside, give location) 315 W. Colorado		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mathias Middle Alsfasser Last				4. DATE OF DEATH Month Dec. 9, 1958 Day Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 26, 1889	
9. AGE (In years last birthday) 69		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Rochester, N. Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist (Retired)				10b. KIND OF BUSINESS OR INDUSTRY News Paper Pub.		11. BIRTHPLACE (City and state or country) Rochester, N. Y.	
13a. FATHER'S NAME George Alsfasser				13b. MOTHER'S MAIDEN NAME Elixabeth Becker		14. NAME OF HUSBAND OR WIFE Nellie M. Alsfasser	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I				16. SOCIAL SECURITY NO. 510-07-0248		17. INFORMANT Nellie M. Alsfasser 315 W. Colo. Av.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH Sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease						1 month	
DUE TO (c) Arteriosclerosis						unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input 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.) 4200			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from April 27, 1956 to Dec 9, 1958 and last saw him alive on Dec 9, 1958 Death occurred at 8:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Sharon E. Waggoner M.D.			
22b. ADDRESS St. Joseph, Missouri				22c. DATE SIGNED 12/10/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Dec. 13, 58		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
24. FUNERAL DIRECTOR Clark Funeral Home St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Dec 12, 1958		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

Dr. Sharon E. Waggoner  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

FEB 24 1959

JAN 9 1959

DEC 2 1958

JAN 2 1959

### 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 Emile A. Clark .....

Licensed Embalmer No. 4338 .....

P. O. Address St. Louis, 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.