

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

000144
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler <i>0076</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) 110 S Delaware Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last McALPINE			4. DATE OF DEATH Month Jan Day 10 Year 1959		
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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 Mar 13 1883	9. AGE (In years 1st birthday) 75	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 barber	10b. KIND OF BUSINESS OR INDUSTRY barber	11. BIRTHPLACE (City and state or country) Rooks Co. Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gilman E McAlpine	13b. MOTHER'S MAIDEN NAME Zurah Bell Carter	14. NAME OF HUSBAND OR WIFE Dollie McAlpine
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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 Address Leo McAlpine- Kansas City Mo.
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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>Olemaid.</u> DUE TO (b) <u>Chronic nephrosclerosis.</u> DUE TO (c) <u>Generalized atherosclerosis.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>None</u>
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20d. INJURY OCCURRED WHILE AT WORK <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 bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1-1-59 to 1-10-59 and last saw him alive on 1-9-59.
Death occurred at 3:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Douglas C. Donald M.D.</u>	22b. ADDRESS Butler Missouri	22c. DATE SIGNED 1-10-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 12/59	23c. NAME OF CEMETERY OR CREMATORY Pleasanton Kansas Cem.	23d. LOCATION (City, town, or county) (State) Pleasanton Kansas
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24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.	25. DATE RECD. BY LOCAL REG. Jan. 10-1959	26. REGISTRAR'S SIGNATURE <u>Randal Kury</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *Robert J. Stenback*
Licensed Embalmer No. *4657*
P. O. Address *Butler 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.