

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000837
STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY OR TOWN <i>Washington</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Washington</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i> Length of stay in lb <i>30 yrs.</i>		d. STREET ADDRESS <i>R 1 W.</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Robert H. Althage</i>			4. DATE OF DEATH Month Day Year <i>Jan. 9, 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 24, 1892</i>
9. AGE (In years last birthday) <i>66</i>		IF UNDER 1 YEAR Months <i>6</i> Days <i>15</i>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fuel Dealer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Business</i>	11. BIRTHPLACE (City and state or country) <i>Campbellton, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Charles Althage</i>	
13b. MOTHER'S MAIDEN NAME <i>Christine Puessner</i>		14. NAME OF HUSBAND OR WIFE <i>Gulam Althage</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>499-42-5179</i>	17. INFORMANT Address <i>Mr. Gulam Althage, Washington, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> DUE TO (b) <i>arterio-sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Previous hemiplegia 1957</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
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.)	
20c. TIME OF INJURY Hour .Month, Day, Year a.m. 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 <i>July 1958</i> to <i>June 9, 1959</i> and last saw him alive on <i>Jan 9, 1959</i> Death occurred at <i>11:20 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Sumner M. D.</i> (Degree or title)		22b. ADDRESS <i>205 E. Washington</i>	22c. DATE SIGNED <i>1/10/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Jan 12, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Washington Missouri</i>
24. FUNERAL DIRECTOR <i>Theberg M. Co., Inc. Washington, Mo.</i> ADDRESS <i>5th St.</i>		25. DATE RECD. BY LOCAL REG. <i>1/12/59</i>	26. REGISTRAR'S SIGNATURE <i>F. J. Anderson, E. D. Williams Jr.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Jerome F. Svoboda*

Licensed Embalmer No. *4507*
P. O. Address *Washington*

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.