

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-028658

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lyon</b>		Length of stay in 1b <b>entire life</b>		c. CITY OR TOWN <b>Lyon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ADOLPH</b> Middle <b>W.</b> Last <b>ALTHAGE</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>30</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-29-1887</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>1</b> Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Miller</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Flour Mill</b>		11. BIRTHPLACE (City and state or country) <b>Lyon Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>August Althage</b>		13b. MOTHER'S MAIDEN NAME <b>Elise Schroeder</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Althage</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-38-3574</b>		17. INFORMANT <b>Mrs. Adolph Althage</b> Address <b>Lyon Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Presumptive cerebral vascular accident</b> died suddenly Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>							
20d. INJURY OCCURRED WHILE AT WORK <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 <b>did not attend deceased - dead before my arrival</b> Death occurred at <b></b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>B. P. Eismann</b>		(Degree or title) <b>M. D.</b>		22b. ADDRESS <b>New Haven, Missouri</b>		22c. DATE SIGNED <b>8/31/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-2-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Port Hudson Luth. Cem.</b>		23d. LOCATION (City, town, or county) <b>Port Hudson Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>L. C. Fertig &amp; Son New Haven Mo.</b>		ADDRESS <b></b>		25. DATE RECD. BY LOCAL REG. <b>9-1-1959</b>		26. REGISTRAR'S SIGNATURE <b>Nettie Murphy</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NDED

6961 8 100

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Earl C. Tuttle

Licensed Embalmer No. 3385

P. O. Address New Haven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.