

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 26 1959

59-035158

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 493

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
Length of stay in 1b 48 Years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (If outside, give location) 215 Forest Ave.	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☐	

3. NAME OF DECEASED (Type or print) First Middle Last ANN ROONEY ALSPAW			4. DATE OF DEATH Month Day Year October 16, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 2-15-1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY Bookkeeper	11. BIRTHPLACE (City and state or country) Dodge City, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Hiram Darden Chambliss	13b. MOTHER'S MAIDEN NAME Calvina Watson	14. NAME OF HUSBAND OR WIFE Reuben M. Alspaw
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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. 491-28-7549	17. INFORMANT Mrs. Charles Merideth, Columbia, 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>Meningo Coccoal Meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Neisseria Meningococcus</u>		
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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>16 Oct 59</u> to <u>16 Oct 59</u> and last saw her alive on <u>16 Oct 59</u> Death occurred at <u>7 29</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas Egan</u> (Degree or title)	22b. ADDRESS <u>900 University Ave Columbia Mo.</u>	22c. DATE SIGNED <u>16 Oct 59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-19-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) Columbia, Mo.
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24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Oct 18 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia, 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.