

# **JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041053**

**FILED VS NOV 17 1959**

Registration District No. 231 Primary Registration District No. 5908 Registrar's No. 56

STATE FILE NUMBER

MEMENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Montgomery</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bear Creek Township</u> Length of stay in 1b c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY c. CITY OR TOWN <u>4428 McPherson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>St. Louis, Missouri</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>3. NAME OF DECEASED</b> First Middle Last <u>Delmar</u> <u>Huston</u> <u>Alsbury</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>Nov. 13, 1959</u>							
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>3-8-1923</u>		<b>9. AGE (last birthday)</b> <u>36</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Unknown</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Unknown</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Illinois</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>Usa</u>			
<b>13a. FATHER'S NAME</b> <u>Otto James Alsbury</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ora Orbin Johnson</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ruth</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>				<b>16. SOCIAL SECURITY NO.</b> <u>346-12-8361</u>		<b>17. INFORMANT</b> Address					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Concussion.</u> DUE TO (b) <u>Auto Wreck</u> DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>Car and truck ran together</u>							
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year <u>U.S. Highway #40 near High Hill, Missouri</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>									
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>				<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from</b> _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
<b>22a. SIGNATURE</b> (Degree or title) <u>F. J. Ball</u> <u>Coroner.</u>				<b>22b. ADDRESS</b> <u>Jonesburg, Missouri.</u>				<b>22c. DATE SIGNED</b> <u>11-13-59</u>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Nov. 16, 1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Old DeQuoin Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Road Dist. 6-1</u> <u>Perry County, Illinois</u>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Schlanker Funeral Home</u> <u>Montgomery City, Missouri</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>Nov. 13, 1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Laura S. Callaway</u>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

896108 AON SA

SEP 12 1960

MAR 13 1961

SEP 12 1960

DEC 29 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

*E. B. Schlenker*

Licensed Embalmer No. 4136

P. O. Address Montgomery Co.

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.