

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 8 6 8

FILED VS. DEC 21 1959 28

Registration District No. 2000

Registrar's No. 1342

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD	Length of stay in 1b 12 hrs.	c. CITY OR TOWN MTN. GROVE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST Hosp.		d. STREET ADDRESS (If outside, give location) SOUTH WALL	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLES Middle NOEL Last ALSUP			4. DATE OF DEATH Month DEC. 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 JULY 25 1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER, POLITICAN	10b. KIND OF BUSINESS OR INDUSTRY MAYOR SAME	11. BIRTHPLACE (City and state or country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME SHELTON ALSUP	13b. MOTHER'S MAIDEN NAME PHOEBE OUSLEY	14. NAME OF HUSBAND OR WIFE TRILBY ESTES
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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)] YES W.W.I.	16. SOCIAL SECURITY NO.	17. INFORMANT Trilby Alsup Mtn. Grove	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac Arrhythmia		ONE MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial anoxia	UNKNOWN
	DUE TO (c) Coronary atherosclerosis	UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from **Dec 7** to **9th** and last saw her him alive on **12/9th**
Death occurred at **BAPTIST Hosp.** **9:20 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C.N. Ballentini M.D.	22b. ADDRESS 1211 South Glenstone	22c. DATE SIGNED 12/11/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC. 10 - 59	23c. NAME OF CEMETERY OR CREMATORY DENLOW CEMT.	23d. LOCATION (City, town, or county) (State) DOUGLAS Co. MO
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24. FUNERAL DIRECTOR BARBER F. HOME	ADDRESS MTN. GROVE 12-15-59	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Offie S. Melton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 22 1959

MAY 24 1960

MAY 5 1960

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 George Stajep

Licensed Embalmer No. 3161

P. O. Address Mt. Pleasant

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.