

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

=60-029567

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 94

INDEXED

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) 903 Oak	

3. NAME OF DECEASED (Type or print) First CHESTER Middle F. Last ALUMBAUGH			4. DATE OF DEATH Month August Day 31 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Frontenac, Kansas	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME James P. Alumbaugh		13b. MOTHER'S MAIDEN NAME Sarah Ann Row	
13c. NAME OF HUSBAND OR WIFE Mable Elsie Alumbaugh		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. None	
17. INFORMANT Mrs. C. F. Alumbaugh, Lamar, Mo.		Address			

18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH sudden
DUE TO (b) Coronary Disease		
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 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 _____ a.m. _____ p.m.	Month, Day, Year _____		

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 Dec. 1955 to 8-3-60 and last saw her ^{her} alive on about July 1960 Death occurred at 7:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

21a. SIGNATURE (Degree or title) Herbert M. Arnold M.D. Lamar, Missouri	21b. ADDRESS Lamar, Missouri	21c. DATE SIGNED 8-3-60
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE Sept. 3, 1960	22c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
22d. LOCATION (City, town, or county) Avilla, Missouri	22e. STATE Missouri	

24. FUNERAL DIRECTOR Chiles Funeral Home, Lamar, Mo.	25. DATE RECD. BY LOCAL REG. SEP 2 - '60	26. REGISTRAR'S SIGNATURE Marie Konantz
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

SEP 6 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence W. Phillips

Licensed Embalmer No. 347

P. O. Address Tomat 71

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.