RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 6 1960

-60-042893
STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 19

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HAW CREEK TWP — Length of stay in 1b: 25 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4 MILES SOUTH STOVER — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MORGAN
c. CITY OR TOWN: HAW CREEK TWP — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4 MILES SOUTH STOVER — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JACOB Middle H. Last ALPERS
4. DATE OF DEATH: Month NOV. Day 29 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 22 1898
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months 4 Days 7 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and state or country): MORGAN County Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: HENRY ALPERS
13b. MOTHER'S MAIDEN NAME: LOUISE BRANDT
14. NAME OF HUSBAND OR WIFE: VELMA ALPERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: VELMA ALPERS Address: STOVER MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Adeno Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year
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. ☐ 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.)
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

21. I attended the deceased from Sept 1, 1960, to Nov 29, 1960 and last saw ~~him~~ him alive on Nov 25, 1960
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J L Washburn (Degree or title) M.D.
22b. ADDRESS: Versailles, Mo
22c. DATE SIGNED: 12/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Dec. 2 1960
23c. NAME OF CEMETERY OR CREMATORY: STOVER CEMETERY
23d. LOCATION (City, town, or county): STOVER (State) Mo.

24. FUNERAL DIRECTOR: Downer-Stevenson ADDRESS: Stover Mo
25. DATE RECD. BY LOCAL REG.: Dec. 9 1960
26. REGISTRAR'S SIGNATURE: Wm L. Rippeyer

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 407

P. O. Address

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