

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023736

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

124 *now* AMENDED *now* Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 59

FILED JUN 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jenny</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jenny</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Beanson</u>		Length of stay in 1b <u>few hrs</u>	c. CITY OR TOWN <u>Rockaway Beach</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SKaggs Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rockaway Beach</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Louis ALbert ALms</u>			4. DATE OF DEATH Month Day Year <u>June 19, 1961</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/14/72</u>
9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (City and state or country) <u>Ill</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Jenny Alms</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine Keiner</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Ed Alms Rockaway Beach Mo</u>
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>Strangled Hemen. Left -</u> DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>Cardiovascular disease</u> Renal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>old age -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>3 hours</u> <u>3 yrs</u>
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.)
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	
21. I attended the deceased from <u>3-26-59</u> to <u>6-19-61</u> and last saw her/him alive on <u>6-19-61</u> Death occurred at <u>12:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harley J. Mars M.D.</u>		22b. ADDRESS <u>Jennett</u>	22c. DATE SIGNED <u>6-23-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>6/22/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ogden Gr.</u>	23d. LOCATION (City, town, or county) (State) <u>Beanson, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Walter Cobb Beanson Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-24-61</u>	26. REGISTRAR'S SIGNATURE <u>Deleu Campbell</u>

JUL 9 1981

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 Walter Cook

Licensed Embalmer No. 4731

P. O. Address Branan In

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.