

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039757

STATE FILE NUMBER

AMENDED

FILED Nov 13 1961

Primary Registration District No. 3072

Registrar's No. 206

| | | | | | | | |
|---|---|---|--------------------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u> | | Length of stay in Tb <u>9 yrs.</u> | | c. CITY OR TOWN <u>Marshall</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hosp.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>266 S Brunswick</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ROBERT</u> Last <u>ALSBROOKS</u> | | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>7</u> Year <u>1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-14-1928</u> | 9. AGE (last birthday) <u>33</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u> | IF UNDER 24 HR Hours <u>15</u> Min. <u>17</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>WFA Super Market</u> | | 11. BIRTHPLACE (City and state or country) <u>Lufkin Texas</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>William A. Alsbrooks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ollie (unknown)</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hazel Alsbrooks</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>WW2 and Korean 450-34-6905</u> | | 17. INFORMANT Address <u>Mrs. Hazel Alsbrooks Marshall, 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>Coronary Occlusion</u> 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. <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.) | | | | | |
| 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 <u>Never</u> to <u>Never</u> and last saw him alive on <u>Never</u> Death occurred at <u>11:15 p.m., Nov. 7, 1961</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>C. L. Lawless, M.D. Coroner Saline Co</u> | | 22b. ADDRESS <u>Marshall, Missouri</u> | | | 22c. DATE SIGNED <u>11-8-61</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11-10-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Marshall, Missouri</u> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Jack W. Reser Marshall, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-10-61</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl J. Reed</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1961

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

Jack M. Reese

Licensed Embalmer No. 4643

P. O. Address Marshall

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.