

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-012973

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3575

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 8 1963

1. PLACE OF DEATH - a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
Length of stay in 1b		d. STREET ADDRESS	
St. Louis		Missouri b. COUNTY St. Louis	
1 week		Moline	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Faith Hospital		d. STREET ADDRESS (if outside, give location) 9955 Halls Ferry Road	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Harry F Alsbury			March 28 1963		
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
male	white		10-31-1883	79	
10a. USUAL OCCUPATION (Give kind of work done in major life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
Office Manager (Retired)		Conoco Oil Co		Woodside Township, Ills	
12. CITIZEN OF WHAT COUNTRY		12. CITIZEN OF WHAT COUNTRY			
U.S.A.		U.S.A.			

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
John C. Alsbury		Virginia L. Adams		Anneta Alsbury	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT Address
					Mrs. Anita McMichael, 9955 Halls Ferry Rd

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a)		acute Coronary Occlusion sudden	
DUE TO (b)		Coronary Atherosclerosis	
DUE TO (c)		4201H	
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.	
Prostate Carcinoma		<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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.					

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	
		1/25/63		3/28/63	
21. I attended the deceased from _____ to _____ and last saw him alive on _____					
Death occurred at _____ 2:40 a.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED (State)	
Robert A Bauer MD		Northland Med Bldg		3/28/63	

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal via motor		March 28, 1963		Chatham Cemetery		Chatham, Illinois	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE			
Math Hermann & Son, I c., St. Louis, Missouri				2161 E. Fair Ave MAR 28 1963 Road Smith. M.D.			

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

