

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030949

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

333

Primary Registration District No.

44884499

Registrar's No.

1932

STATE FILE NUMBER

FILED AUG 12 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vanduser		c. CITY OR TOWN Vanduser	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) Vanduser
3. NAME OF DECEASED (Type or print) First Henry Middle William Last Alfultis		4. DATE OF DEATH Month August Day 4 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11/9/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Ice Dealer	9. AGE (last birthday) 87
11a. BIRTHPLACE (City and state or country) Yankeetown, Ind.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Michael Alfultis		13b. MOTHER'S MAIDEN NAME Louise Wonger	
14. NAME OF HUSBAND OR WIFE Mattie Jane Robertson		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 Morris Alfultis, Vanduser, 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) ACUTE CARDIAC DECOMPENSATION 2 HR DUE TO (b) CARDIO VASCULAR RENAL DISEASE 5 YRS? DUE TO (c) None Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 HR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL THROMBOSIS			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 ☐ NATURAL	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE	
20c. TIME OF INJURY Hour None a.m. None p.m. None	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20f. CITY, TOWN, OR LOCATION ORAN, MO.		
21. I attended the deceased from JUL 15, 1963 to JUL 25, 1963 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS ORAN, MO.	
22a. SIGNATURE H. J. Mosbach, D.O.		22c. DATE SIGNED 8-5-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 7, 1963	23c. NAME OF CEMETERY OR CREMATORY Morley Cemetery	
24. FUNERAL DIRECTOR C.J. Lorberg Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. August 8, 1963	
26. REGISTRAR'S SIGNATURE Jeannette Waldman		27. LOCATION (City, town, or county) Morley (Scott) Missouri	

USE BLACK INK
OR
TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. _____

P. O. Address _____

3810

Cape Girardeau, Mo.

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.

This certificate taken to Doctor: 8/5/63

Certificate received from Doctor: 8/5/63