

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16313

FILED MAY 22 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 65

470

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY OR TOWN <u>Windsor</u> c. LENGTH OF STAY (if this place) <u>3 hours</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: address before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Rural Springfield</u> d. STREET ADDRESS (If rural, give location) <u>Rt # 1, Calhoun 0470</u>	
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**3. NAME OF DECEASED** (Type or Print) GLEN E ALTHOFF      **4. DATE OF DEATH** (Month) (Day) (Year) May 13 1951

**5. SEX** Male      **6. COLOR OR RACE** White      **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married      **8. DATE OF BIRTH** Feb. 4, 1914      **9. AGE** (In years last birthday) 37      **10. UNDER 1 YEAR** (Months) \_\_\_\_\_ **11. UNDER 10 YRS.** (Hours) \_\_\_\_\_ **12. UNDER 18 YRS.** (Days) \_\_\_\_\_ **13. UNDER 18 YRS.** (Mins.) \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Locating Engineer      **10b. KIND OF BUSINESS OR INDUSTRY** River Construction Work      **11. BIRTHPLACE** (State or foreign country) McGirk, Missouri      **12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Edward Althoff      **13b. MOTHER'S MAIDEN NAME** Caroline Glen      **14. NAME OF HUSBAND OR WIFE** Mavin M. Althoff

**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.** 490 09 9065      **17. INFORMANT'S SIGNATURE OR NAME, ADDRESS** Mrs. Glen Althoff, Calhoun, Mo.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) cerebral hemorrhage      **INTERVAL BETWEEN ONSET AND DEATH** 12 hrs  
 ANTECEDENT CAUSES      **DUE TO (b)** malignant hypertension ?  
 \*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
**II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.  
**19a. DATE OF OPERATION** \_\_\_\_\_      **19b. MAJOR FINDINGS OF OPERATION** 331x      **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_      **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_      **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** \_\_\_\_\_  
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_      **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK       **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** May 12, 1951, to May 13, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 3:22 a.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) Rev. B. Jordan, M.D., Windsor, Mo.      **23b. ADDRESS** \_\_\_\_\_      **23c. DATE SIGNED** 5-15-51

**24a. BURIAL, CREMATION, REMOVAL (Specify)** Burial      **24b. DATE** 5-15-51      **24c. NAME OF CEMETERY OR CREMATORY** Mt. Olivet      **24d. LOCATION** (City, town, or county) (State) Henry County, Missouri

**DATE REC'D BY LOCAL REG.** May-15-51      **REGISTRAR'S SIGNATURE** Florence Adair      **25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS** Auston Turner, Windsor, Mo.

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-21-51

MAY 1 1951

MAY 22 1951

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 \_\_\_\_\_  
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thindor 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 this body is not embalmed, fact should be so stated above.