

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31567

STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 609

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>CLINTON</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CLINTON</u> Inside Limits <del>HENRY</del> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WETZE Hosp</u> Length of stay in 1b <u>3 days</u>		d. STREET ADDRESS <u>503 E CLINTON</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>IRA</u> First <u>HUGH</u> Middle <u>ALSPACH</u> Last			4. DATE OF DEATH <u>Oct 6 1957</u> Month Day Year
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>7/17/1893</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		9b. AGE (In years last birthday) <u>64</u>	9c. IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBERMAN</u>	10c. BIRTHPLACE (City and state or country) <u>Mont Rose MO</u>
11. BIRTHPLACE (City and state or country) <u>Mont Rose MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>AMES B ALSPACH</u>		14. MOTHER'S MAIDEN NAME <u>MILLISIA SUSTERRY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-05244</u>	
17. INFORMANT <u>Mrs Wm Price</u> Address <u>Clinton MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebro vascular thrombosis</u> DUE TO (c) <u>generalized arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>24 hrs</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			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>Oct 3</u> to <u>Oct 6</u> and last saw <u>her</u> alive on <u>Oct 6-57</u> Death occurred at <u>5:45</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arthur Gonzalez MD</u>		22b. ADDRESS <u>616 So Second Clinton</u>	22c. DATE SIGNED <u>10-7-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/8/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Asheola Cent</u>	23d. LOCATION (City, town, or county) (State) <u>Asheola MO</u>
24. FUNERAL DIRECTOR <u>J E Gonzalez</u> ADDRESS <u>Clinton MO</u>		25. DATE RECD. BY LOCAL REG. <u>10/7/57</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Biggum</u>

(Licensed Embolmer's Statement on Reverse Side)

JUL 28 1959

OCT 21 1957

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 *J E Conner*.....

Licensed Embalmer No. *18*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.