

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0023672
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 196

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

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MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u> Length of stay in 1b <u>15 years</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Windsor</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>320 N. Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHRIS</u> Middle <u>C.</u> Last <u>ALTIS</u>		4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1966</u>	
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>7-27-85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	9. AGE (last birthday) <u>80</u>
11. BIRTHPLACE (City and state or country) <u>Cabool, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Michael Altis</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret S. Altis</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Bessie Altis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Not Given</u>		17. INFORMANT <u>Mrs. Josepha Furnell, Route 2, Sedalia, Mo.</u> Address	
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>Acute Cardio-Respiratory Collapse</u> DUE TO (b) <u>Acute Anemia</u> DUE TO (c) <u>Acute and Subacute Glomerulonephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>3 wks.</u> <u>2 @ 3 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General Arteriosclerosis</u>			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 <u>10:30</u> a.m. Month, Day, Year <u>7-5-66</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY
21. I attended the deceased from <u>7-5-66</u> to <u>7-2-66</u> and last saw him/her alive on <u>7-2-66</u> Death occurred at <u>320 N. Main</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Claude M. Thurber, M.D.</u> (Degree or title)		22b. ADDRESS <u>Windsor, Mo.</u>	22c. DATE SIGNED <u>7-5-66</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July 4, 1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sedalia Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u> (State)
24. FUNERAL DIRECTOR <u>D.W. Heckart, Gillespie Funeral Home</u> ADDRESS <u>Sedalia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 5, 1966</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

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 *Ort Hebert*

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.

Permit obtained 9-5-66
M.B.