

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12314

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. No. 3012 Registrar's No. 48

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Labette</u>	
-b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2yrs, 9mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp. Excelsior Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parsons</u>	
		d. STREET ADDRESS (If rural, give location) <u>2510 Belmont</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Altman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 3, 1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Manual Altman</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Warlick</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>WW I 512244422</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records</u>	ADDRESS <u>VA Hospital Records</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, reinfection type, far advanced, active</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>---</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
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22. I hereby certify that I attended the deceased from June 13, 1947, to Apr. 4, 1950, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy Smith</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>4/5/50</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/6/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wadsworth Ctry Wadsworth</u>	24d. LOCATION (City, town, or county) (State) <u>Kans</u>
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DATE REC'D BY LOCAL REG. <u>4/6/50</u>	REGISTRAR'S SIGNATURE <u>Barbara Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>	ADDRESS <u>Excelsior Springs, Mo.</u>
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MAY 1

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5/4/50

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.

Signed.....

James A. Moler

Signed.....
Student Embalmer

Licensed Embalmer No. 3296

P. O. Address Ex Springs M

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.