

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41253

State File No.

FILED DEC 22 1951

BIRTH NO. 84528-57 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1070

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield, D-296	
c. LENGTH OF STAY (In this place) 3 Days		d. STREET ADDRESS (If rural, give location) 2068 North Roosevelt	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSZARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Donnie	b. (Middle) Ray	c. (Last) Altic	4. DATE OF DEATH (Month) (Day) (Year) 12 17 51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married.	8. DATE OF BIRTH 12-14-1951	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 3	IF UNDER 1 HRS. Hours 3	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Emery Ray Altic	13b. MOTHER'S MAIDEN NAME Mary Frances Edwards	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Emery Ray Altic, Springfield, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Convulsions		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		
	DUE TO (c) Prolonged labor		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 7600
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-14-, 1951, to 12-17, 1951, that I last saw the deceased alive on 12-17-, 1951, and that death occurred at 6:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>William B. ...</i> (Degree or title)	23b. ADDRESS 700 East Sunshine Springfield, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec. 17, 51	24c. NAME OF CEMETERY OR CREMATORY Slagle Cemetery	24d. LOCATION (City, town, or county) (State) 4 miles South of Bolivar, Mo.
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DATE REC'D BY LOCAL REG. 12-20-51	REGISTRAR'S SIGNATURE <i>E. L. Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Erwin F. Blue</i> ADDRESS <i>Fernside Home, Bolivar</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

Chas Jester

Licensed Embalmer No. *4154*

P. O. Address *Bethesda, Md.*

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.