

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41895**

FILED DEC 1-1953

180

| | | | | | | | | |
|---|----------------------------------|--|---|--|--|---|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>360</u> | | PRIMARY REG. DIST. NO. <u>6225</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Clair Co.</u> ZIP <u>6930</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp</u> | | c. LENGTH OF STAY (in this place) <u>12 Days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Collins, Mo. R.F.D. 1</u> | | d. STREET ADDRESS (If rural, give location) | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u> | | | | | | | | |
| 3. NAME OF DECEASED a. (First) <u>Jonas</u> | | | b. (Middle) _____ | | c. (Last) <u>Altman</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21 1953</u> | |
| 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>Unknown</u> | 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Labourer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | | 11. BIRTHPLACE (State or foreign country) <u>Sweden</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia McKeen, RFD Collins Mo</u> | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> | | | | 6 | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> | | | | | | | | |
| 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>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from <u>11/21/53</u> , 19 <u>53</u> , to <u>11/21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/21/53</u> , 19 <u>53</u> , and that death occurred at <u>7:10 P.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George M. Batler, M.D.</u> | | | | 23b. ADDRESS <u>State Hospital, Nevada Mo</u> | | 23c. DATE SIGNED <u>11/21/53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 24 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rockville Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Rockville, Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-23-53</u> | | REGISTRAR'S SIGNATURE <u>Anna G. Ferry</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u> | | ADDRESS <u>Schell City, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Marion M. Lewis*

Licensed Embalmer No. *3084*

P. O. Address *Schell City, 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.