

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

861

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 131

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 township) Springfield	c. LENGTH OF STAY (In this place) 35 years	c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 640 W. Calhoun Street		e. STREET ADDRESS (If rural, give location) 640 W. Calhoun Street 0396	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ANN	c. (Last) ALSUP	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 21 May 1860	9. AGE (In years last birthday) Months Days 93	IF UNDER 1 YEAR Hours Min.	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) Ret. Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and State or Foreign Country) Searcy County, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Henry Aelem	13b. MOTHER'S MAIDEN NAME Nancy Sanders	14. NAME OF HUSBAND OR WIFE Gabe Alsop
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Laura Richardson, 640 W. Calhoun St. Springfield, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Carcinoma		1 year
	ANTECEDENT CAUSES		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left big toe with DUE TO (c) generalized metastases			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Springfield, Missouri
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? 2/3/54

22. I hereby certify that I attended the deceased from **2/7**, 19**53**, to **9/3**, 19**53**, that I last saw the deceased alive on **9/3**, 19**53**, and that death occurred at **3:20 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. D. Springfield, Mo.	23b. ADDRESS	23c. DATE SIGNED 2/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5 Feb. 1954	24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	24d. LOCATION (City, town, or county) (State) Douglas County, Missouri.
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DATE REC'D BY LOCAL REG. 2-5-54	REGISTRAR'S SIGNATURE Earl Williamson	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul C. Pheme, Springfield, Missouri
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WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Ralph A. Thiene*.....

Licensed Embalmer No. 3681
Springfield, Missouri
P. O. Address.....

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.