

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2156**

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Granby MO 0730</u>	
c. LENGTH OF STAY (In this place) <u>26 da</u>		d. STREET ADDRESS (If rural, give location) <u>Van Buren R 7 D 1 (Lynch)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wilford Granby Conv Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Van Buren Lynch</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilford</u> b. (Middle) <u>Althoff</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1-54</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>married</u>	8. DATE OF BIRTH <u>11-5-1918</u>	9. AGE (In years last birthday) <u>35</u> IF UNDER 1 YEAR Months <u>15</u> Days _____ IF UNDER 12 HRS. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Hammer Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Althoff</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Geneva Althoff</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Geneva Althoff</u>	ADDRESS <u>Granby MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>over 1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>and</u> DUE TO (b) <u>Chronic diffuse glomerular nephritis</u>		
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 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) <u>260X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	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 Sept 12, 1953, to Jan 1, 1954, that I last saw the deceased alive on Jan 1, 1954 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas O. O'Leary D.O.</u>	23b. ADDRESS <u>GRANBY, MO</u>	23c. DATE SIGNED <u>1-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcophic MO</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcophic MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 2, 1954</u>	REGISTRAR'S SIGNATURE <u>M. S. Young</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>	ADDRESS <u>Sarcophic MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 154-4

Date Filed 1/8/54

NEOSHO, MISSOURI

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wm K Jackson
Licensed Embalmer No. 3954

P. O. Address Sarcoxie, 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.