

FILED APR 29 1954

## STANDARD CERTIFICATE OF DEATH

State File No. **12641**

BIRTH NO. _____		REG. DIST. NO. <b>200</b>		PRIMARY REG. DIST. NO. <b>3041</b>		Registrar's No. <b>200</b>	
1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saramitan Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>R.R. #3 Macon, Mo.</b>			
3. NAME OF DECEASED (Type or Print) <b>ALDOPHUS</b>		a. (First)		b. (Middle) <b>DALE</b>		c. (Last) <b>RALSTON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>3 29 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>6-3-1865</b>		9. AGE (In years last birthday) <b>88</b>		10. UNDER 1 YEAR Month <b>9</b> Day <b>26</b>		11. UNDER 28 HRS. Hour <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pittsburgh, Penn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Ralston</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Balty</b>		14. NAME OF HUSBAND OR WIFE <b>Anne Ralston</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lola Ralston, Macon, Missouri</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Chronic Intercostal hypertension</b> <b>Myocardial failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592 X</b>				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 _____, 1950, to <b>Mar 29</b> , 1954, that I last saw the deceased alive on <b>Mar 29</b> , 1954, and that death occurred at <b>9:40pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Howard Miller MD</b>				23b. ADDRESS <b>Macon</b>		23c. DATE SIGNED <b>2/30/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-31-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood</b>		24d. LOCATION (City, town, or county) (State) <b>Macon Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/14/54</b>		REGISTRAR'S SIGNATURE <b>John McNeely</b>		195 25. FUNERAL DIRECTOR'S SIGNATURE <b>R. Lester Bram</b>		ADDRESS <b>Macon Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1958

RECEIVED  
MAGON COUNTY HEALTH DEPARTMENT  
County File No. 4-26-58  
Date Filed 4-27-58

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed R. Lester Bram  
Licensed Embalmer No. 4472

P. O. Address Macon, 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.