

THE DIVISION OF HEALTH OF MISSOURI
 FILED OCT 4 1954 STANDARD CERTIFICATE OF DEATH

31182

State File No. _____
 REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 4296 Registrar's No. 13-1954

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>may</u> c. (Last) <u>Alspach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>sept 18 54</u>	
5. SEX <u>ie</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 20, 1866</u>
9. AGE (in years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Philip Brumbaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth A. Rogers</u>	14. NAME OF HUSBAND OR WIFE
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 ADDRESS <u>Helen Carter Browning, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</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		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>May</u> , 19 <u>54</u> , to <u>Sept 15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 16</u> , 19 <u>54</u> , and that death occurred at <u>9:08</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J.R. Martin M.D.</u>		23b. ADDRESS <u>Browning, Mo.</u>	23c. DATE SIGNED <u>Sept 20 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hover</u>	24d. LOCATION (City, town, or county) (State) <u>Browning, Monroia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 29 '54</u>	REGISTRAR'S SIGNATURE <u>Elva Cookbanks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wade Funeral Home Browning, Mo.</u>	

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

0540

0580

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 Leard I Ward

Licensed Embalmer No. 4172

P. O. Address Brown

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.