

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1956

BIRTH NO.

REG. DIST. NO. 43PRIMARY REG. DIST. NO. 3007Registrar's No. 1119

1. PLACE OF DEATH a. COUNTY <u>B utler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Poplar Bluff Hospital</u>				STREET ADDRESS (If rural, give location) <u>1012 Morrison Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aubrey</u> b. (Middle) <u>Lee</u> c. (Last) <u>Alsop, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 14, 1956</u>				
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>Sept. 25, 1933</u>	
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months <u>22</u> Days		IF UNDER 24 HRS. Hours <u>22</u> Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Newbern, Tennessee</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Aubrey Lee Alsop, Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Olis Evans</u>			14. NAME OF HUSBAND OR WIFE <u>Wanda Alsop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>413-48-3838</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Aubrey Lee Alsop, Sr.</u> ADDRESS			
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 INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull (or hotel region) 2 days</u>				ANTECEDENT CAUSES DUE TO (b) <u>Fracture Both femurs - middle third</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Traumatic Shock.</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"/>	
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) <u>111</u> (COUNTY) (STATE)			
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? <u>Car accident</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 12</u> , 1956, to <u>Jan. 14</u> , 1956, that I last saw the deceased alive on <u>Jan. 14</u> , 1956, and that death occurred at <u>10:50 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank E. Danell M.D. - O</u>				23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>1-14-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B -</u>		24b. DATE <u>1/16/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newbern, Tenn</u>	
DATE REC'D BY LOCAL REG. <u>1/16/56</u>		REGISTRAR'S SIGNATURE <u>B. H. Muetzel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnson Funeral Home, Inc. J. Johnson</u>		ADDRESS <u>Newbern Tenn</u>	

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Statement on Reverse Side

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

RECEIVED
JAN 23 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

1956
JAN 23

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 _____

Licensed Embalmer No. _____

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.