

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31578

STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 608

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits give TOWNSHIP only) Inside Limits OR TOWN Clinton Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION Clinton Gen. Hosp.		Length of stay in 1b 10 hrs.		d. STREET ADDRESS (If outside, give location) 140 N Willow	
3. NAME OF DECEASED (Type or print) First Middle Last ALEATHER JULIA IRWIN			4. DATE OF DEATH Oct 2 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Aug 23 1896	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 0 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Cooper County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Levi J. Wood		
14. MOTHER'S MAIDEN NAME Mary E. Edwards			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		
16. SOCIAL SECURITY NO. 496-26-9206			17. INFORMANT R R Irwin		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypoglycemia - cardiac arrest DUE TO (b) Intestinal obstruction (retial intussusception) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 48 hrs.		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			5705		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-2-57 to 10-2-57 and last saw her alive on 10-2-57 Death occurred at 4:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W D Bradshaw, M.D.			22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 10-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/6/57		23c. NAME OF CEMETERY OR CREMATORY Danks Chapel	
23d. LOCATION (City, town, or county) Henry County Missouri		23e. STATE Missouri			
24. FUNERAL HOME ADDRESS SCHAEFER 214 SO. SECOND PH. 454		25. DATE RECD. BY LOCAL REG. 10-7-57		26. REGISTRAR'S SIGNATURE Mildred Bigum	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

FEB 26 1958

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 *F. L. Schaefer*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.