

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47199

STATE FILE NUMBER 6224

FILED JAN 17 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

V. S. 300  
Rev. 1-57 0

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN MARSHALL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 473 West Arrow St.	
3. NAME OF DECEASED First Theodore Middle Alspaw Last Alspaw		4. DATE OF DEATH DEC. 30, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		11. BIRTHPLACE (City and state or country) Saline Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Bert Alspaw		13b. MOTHER'S MAIDEN NAME Edmona Lastfell	14. NAME OF HUSBAND OR WIFE Alice Alspaw
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I		16. SOCIAL SECURITY NO. 487-16-5154	17. INFORMANT Address Alice Alspaw, Marshall Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Thrombophlebitis DUE TO (c) Middle Cerebral Artery Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 332+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <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 Nov. 25, 1957 to Dec. 30, 1957 and last saw her alive on Dec. 30, 1957 Death occurred at 7:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jose Martins (Degree or title) M.D.		22b. ADDRESS 7A Hospital, Kansas City, Mo.	
22c. DATE SIGNED 12-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-31-57	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Marshall Mo	
24. FUNERAL DIRECTOR Sweeney Mortuary, Marshall Mo		25. DATE RECD. BY LOCAL REG. 12-31-57	
ADDRESS Marshall Mo		26. REGISTRAR'S SIGNATURE new Marshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Jose Martins

(Licensed Embalmer's Statement on Reverse Side)

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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 *John R. Didmon*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.