

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004651

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 88

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1-57

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Fisk |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp | | Length of stay in 1b 1 Wk. | d. STREET ADDRESS (If outside, give location) R. R. # 1 |
| 3. NAME OF DECEASED (Type or print) First John Middle N. Last Alsup | | | 4. DATE OF DEATH Month Jan. Day 28, Year 1959 |
| 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 Mar. 16, 1889 |
| 9. AGE (In years last birthday) 69 | | IF UNDER 1 YEAR Months 10 Days 12 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Mercantile | 11. BIRTHPLACE (City and state or country) Tennessee |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Elijah Alsup | |
| 13b. MOTHER'S MAIDEN NAME Sidney Louella Medlock | | 14. NAME OF HUSBAND OR WIFE Henry Etta Alsup | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. Alsup, Fisk, Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decon periton DUE TO (b) Hypertension - DUE TO (c) Release of Hb + Hemo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Oracles Mellitus - Intestinal Obstruction 5615 | | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| 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 27 Dec 58 to 28 Jun 59 and last saw him alive on 28 Jun 59 Death occurred at 1:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] (Degree or title) MD | | 22b. ADDRESS Poplar Bluff, Mo. | 22c. DATE SIGNED 24 Feb 59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/30/59 | 23c. NAME OF CEMETERY OR CREMATORY Shares Memorial | 23d. LOCATION (City, town, or county) (State) Ashhill, Missouri |
| 24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff | | 25. DATE RECD. BY LOCAL REG. 2/28/59 | 26. REGISTRAR'S SIGNATURE [Signature] |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 Edgar W. Tappan

Licensed Embalmer No. 33912

P. O. Address Poplar Bluff

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.