

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30084

State File No.

FILED OCT 2 1956

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5208 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale, (Hurricane Twp)</u>		c. CITY OR TOWN <u>Hale</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>42 year</u>		e. STREET ADDRESS (If rural, give location) <u>4 miles S/E Hale, Missouri.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home Wilson O'Dell</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHANNA</u> b. (Middle) _____ c. (Last) <u>ALTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24th, 1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 31, 1870</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 1 HOUR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Dean Lake, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Andrew Monach</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Nichalous Alter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wilson O'Dell</u>	ADDRESS <u>Hale, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia + malnutrition</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anuria + obstruction of sigmoid Colon</u> DUE TO (c) <u>Primary Carcinoma of Sigmoid Colon</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia + Cholelithiasis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. 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) <u>153X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 7-27, 1956, to 9-24, 1956, that I last saw the deceased alive on 9-24, 1956, and that death occurred at 10: A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Norman F. Hancer, D.O.</u>	23b. ADDRESS <u>Hale, Mo</u>	23c. DATE SIGNED <u>9-25-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/26/1956</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Lakeside</u>	24d. LOCATION (City, town, or county) (State) <u>Sumner, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 26, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Rex Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin</u>	ADDRESS <u>Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

Hale, Missouri

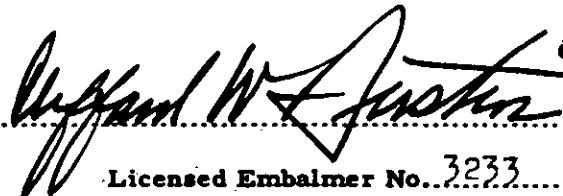
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..3233.....

P. O. Address..... Tina, Missou

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.