

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7572

13000  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 46		PRIMARY REG. DIST. NO. 4065		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY Caldwell Co				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE Mo b. COUNTY Caldwell Co				
b. CITY (If outside corporate limits, write RURAL and give township) Polo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <del>Polk</del> Polo, Mo		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) c.		c. (Last) Alsbaugh		4. DATE OF DEATH (Month) (Day) (Year) 3 25 49	
5. SEX Fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 20		9. AGE (In years last birthday) 84	IF UNDER 1 Year Months 10	IF UNDER 1 HRS. Hours Min. 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Joseph Brewer			13b. MOTHER'S MAIDEN NAME Mathe Hill		14. NAME OF HUSBAND OR WIFE Albert Alsbaugh Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME T.B. Alsbaugh				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation					4 mos	
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4291	
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) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from Jan 20, 1949, to Jan 25, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 11:30 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C.H. Wilson M.D.			23b. ADDRESS Polo Mo			23c. DATE SIGNED 3-26-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-27-49	24c. NAME OF CEMETERY OR CREMATORY Cawgill		24d. LOCATION (City, town, or county) (State) Cawgill, Missouri			
DATE REC'D BY LOCAL REG. March 26/49		REGISTRAR'S SIGNATURE Gladys Jones		57		25. FUNERAL DIRECTOR'S SIGNATURE Alsbaugh & Cowley Polo Mo.		

MAY 18 1945

**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 .....  
Student Embalmer

Signed Wayne H. Hallemar

Licensed Embalmer No. 4627

P. O. Address Polo 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 this body is not embalmed, fact should be so stated above.