

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043726

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 129

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6470
2 0470

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
Rural-Arcadia

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION The Home for Aged Baptists

3. NAME OF DECEASED (Type or print)
First Middle Last Mary M. Althoff

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1/19/1874

9. AGE (last birthday) 89

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (City and state or country)
Moniteau Co., Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME
James Deakins

13b. MOTHER'S MAIDEN NAME
Amanda Ann Elliott

14. NAME OF HUSBAND OR WIFE
William F. Althoff

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 Dolores Weiss, Ironton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH
5 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

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 Oct. 7, 1954, to Nov. 15, 1963 and last saw her alive on Nov. 14, 1963
Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Marvin C. Keene M.D.

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED

11-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE
11-16-63

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

California Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

White Funeral Home, Ironton Mo.

25. DATE RECD. BY LOCAL REG.

11-15-63

26. REGISTRAR'S SIGNATURE

Mrs. Aris Jones

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 Lytle H. White

Licensed Embalmer No. 4295

P. O. Address Houston, 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.

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