

FILED FEB 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004395

STATE FILE NUMBER

Registration District No. 27

Primary Registration District No. 3000

Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN Butler	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 409 W. Harrison		d. STREET ADDRESS (If outside, give location) 409 W. Harrison	
3. NAME OF DECEASED (Type or print) First Nettie Middle -- Last Alsbach		4. DATE OF DEATH Month Jan. Day 29 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-3-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		11. BIRTHPLACE (City and state or country) Bates Co. Missouri	
13a. FATHER'S NAME Stanley Jenkins		14. NAME OF HUSBAND OR WIFE Geo. F. Alsbach	
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. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypernephroma leg. & kidney Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastatic Ca Liver DUE TO (c) Metastatic Ca Liver		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Butler STATE Mo.	
21. I attended the deceased from Death occurred at 2115 A on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Doctor W. Luter, MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-31-1958	
23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		23d. LOCATION (City, town, or county) (State) Butler, Missouri	
24. FUNERAL DIRECTOR Culver-Underwood		25. DATE RECD. BY LOCAL REG. 224. 31-1958	
ADDRESS Butler, Mo.		26. REGISTRAR'S SIGNATURE Hendal Kirsby	

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert G. Atkinson*

Licensed Embalmer No. 4657

P. O. Address *Butler, 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.