

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42131**

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

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6029** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Redford		c. CITY (If outside corporate limits, write RURAL and give township) Redford, Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle)	c. (Last) Albert	4. DATE OF DEATH (Month) (Day) (Year) 11-8-49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30-1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Embler Worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo. D	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Janie Albert
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Lige Albert	ADDRESS Redford Mo
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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, asthenia, 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) Infirmities of Old Age		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		794X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Oct 20, 1949**, to **Nov 8, 1949**, that I last saw the deceased alive on **Nov 8, 1949**, and that death occurred at **7:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Kettle, M.D. (Degree or title)	23b. ADDRESS Centerville Mo.	23c. DATE SIGNED 11-9-49
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24a. BURIAL / CREMATION / REMOVAL (Specify) Burial	24b. DATE 11-9-49	24c. NAME OF CEMETERY OR CREMATORY Redford Cemetery	24d. LOCATION (City, town, or county) (State) Redford Mo.
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DATE REC'D BY LOCAL REG. 12/8/49	REGISTRAR'S SIGNATURE Essie Evans	25. FUNERAL DIRECTOR'S SIGNATURE Paul A. Feuchel	ADDRESS Centerville Mo.
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RECEIVED 12/12/49

District Health Officer No. 5,

District File Number 1249786

Date Filed 12/17/49

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 H. B.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren, T.

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.