

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12553

State File No.

FILED APR 24 1950

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>370</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laurance</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (If in place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>710 Myrtle St 0550</u>			
3. NAME OF DECEASED (Type or Print) <u>FREDRICK LEOPOLD ALBERT</u>				e. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1950</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 5, 1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baker</u>		11. BIRTHPLACE (State or foreign country) <u>Pierce City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fredrick Albert</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Crystal Albert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>500-12880</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Crystal Albert</u> ADDRESS <u>Pierce City Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>nephrosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma prostate</u> DUE TO (c) <u>Gland.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>177X</u>	
19a. DATE OF OPERATION <u>2-18-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma prostate Gland</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., near about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>4-17-50</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-18, 1949</u> to <u>4-17, 1950</u> that I last saw the deceased alive on <u>4-17, 1950</u> and that death occurred at <u>5:45 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter Samuel</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>4-15-50</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24a. DATE <u>April 19, 1950</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>		24c. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-20-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Haulley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bros</u> ADDRESS <u>Pierce City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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, ~~Edwin~~ Edwin P. Wilks

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Edwin P. Wilks

Signed _____
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Perse City 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.