

FILED OCT 24 1950

## STANDARD CERTIFICATE OF DEATH

33322

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 137

PRIMARY REG. DIST. NO. 3023

Registrar's No. 46

## 1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton

c. LENGTH OF STAY (in this place) 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri St. Clair

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collins (Missouri) 0930

d. STREET ADDRESS (If rural, give location)

## 3. NAME OF DECEASED

(Type or Print) Alice

b. (Middle) A.

c. (Last) Boswell

4. DATE OF DEATH (Month) (Day) (Year) 10-13-1950

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

## 8. DATE OF BIRTH

12-19-1878

## 9. AGE (In years)

71

If UNDER 1 YEAR Months Days

If UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Johnson County Missouri

12. CITIZEN OF WHAT COUNTRY? USA

## 13a. FATHER'S NAME

William H. Albin

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

deceased

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

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lola Boswell Collins Missouri

## 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)

## MEDICAL CERTIFICATION

Cerebral hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

18 hours

## ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Hypertension with arteriosclerosis

DUE TO (c)

and diabetes mellitus

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 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) (Minute) (Second) 10-13-50 11:45pm

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 1950, to 10-13, 1950, that I last saw the deceased alive on 10-13, 1950, and that death occurred at 11:45pm, from the causes and on the date stated above.

## 23a. SIGNATURE

Edward Barnett, D.O.

(Degree or title)

## 23b. ADDRESS

Wetzel Hospital Clinton, Mo.

## 23c. DATE SIGNED

10-14-50

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

10/17/1950

## 24c. NAME OF CEMETERY OR CREMATORY

Robinson Cemetery

## 24d. LOCATION (City, town, or county)

St. Clair Co, Missouri

## DATE REC'D BY LOCAL REG.

Oct-17-50

## REGISTRAR'S SIGNATURE

Florence Adair

## 25. FUNERAL DIRECTOR'S SIGNATURE

J.B. ...

## ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-23-57

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-23-57

JAN 22 1958

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Lawrence 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.