

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 190

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>421 So. 6th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) <u>Kirk</u> c. (Last) <u>Albertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1951</u>
5. SEX <u>male D</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec. 12, 1891</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>co-owner of hotel</u>	11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>hotel</u>	12. COUNTRY OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes 1</u> (If yes, give war or dates of service) <u>W. W. I</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Surplus</u> ADDRESS <u>421 S. 6th</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Intestinal obstruction, Probably cecal colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES Morbidity 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. <u>Labor Pneumonia</u> <u>15.3x</u> <u>9 days</u>	
19a. DATE OF OPERATION <u>1-17-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction, colon. Cecostomy performed</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-12, 1951</u> , to <u>1-18, 1951</u> , that I last saw the deceased alive on <u>1-18, 1951</u> , and that death occurred at <u>2:10 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Irwin Bloenthal M.D. U</u>		23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>1-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/19/51</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 22, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casato</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester-Bowman Funeral Home St Joseph Mo.</u> ADDRESS _____	

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

MAR 2 1951

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 *William Spedding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. St. Joseph, 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.