

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 17 1951 STANDARD CERTIFICATE OF DEATH

State File No. 8292

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 908

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 60 yrs		d. STREET ADDRESS 211 1/2 West 16th Street 3200	
d. FULL NAME OF HOSPITAL OR INSTITUTION 211 1/2 West 16th Street		d. STREET ADDRESS 211 1/2 West 16th Street 3200	

3. NAME OF DECEASED (Type or Print)	a. (First) MINNETT	b. (Middle) Z.	c. (Last) ALLBRI TAIN	4. DATE OF DEATH (Month) (Day) (Year) February 26, 1951
-------------------------------------	--------------------	----------------	-----------------------	---

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 7, 1862	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------	--------------------	--	-----------------------------------	------------------------------------	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	----------------------------------

13a. FATHER'S NAME John Price	13b. MOTHER'S MAIDEN NAME Helvetia Samuelson	14. NAME OF HUSBAND OR WIFE William Allbritain, dec.
-------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mr. C.P. Stockdell, 522 E. Armour, K.C., Mo.	ADDRESS
--	----------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH many years week 42 22
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atrial fibrillation DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION Had Carcinoma removed from left breast	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 Aug 1946, to Feb 1951, that I last saw the deceased alive on Feb 24, 1951, and that death occurred at 5:00 m., from the causes and on the date stated above.

23a. SIGNATURE D.P. Klepinger (Degree or title) D.P. Klepinger, M.D., MD	23b. ADDRESS 500 Angyle Bldg KC Mo.	23c. DATE SIGNED 2-27-51
--	-------------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-28-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	-------------------	---	---

DATE REC'D BY LOCAL REG. 2-28-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Missouri	ADDRESS
----------------------------------	--	---	---------

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

Dr. A. P. Klepinger
Weyler Bldg.
O.E. 3124

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

working under my personal supervision.

Student Embalmer No.

Signed

Joseph M. M^cCarthy

Signed.....
Student Embalmer

Licensed Embalmer No. 4698

P. O. Address. K. O. M. O.

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.