

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43945

State File No.

FILED JAN 21 1952

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| BIRTH NO. <u>75471-51</u> | | REG. DIST. NO. <u>104</u> | | PRIMARY REG. DIST. NO. <u>5418</u> | | Registrar's No. <u>49</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> <u>035</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spoonerville Malden</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spoonerville Malden</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1002 Indiana, Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1002 Indiana Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u> | | b. (Middle) <u>Kay</u> | | c. (Last) <u>Albright</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 51</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | | 8. DATE OF BIRTH <u>November 27</u> | |
| 9. AGE (In years last birthday) <u>0</u> | | 10. MONTHS <u>0</u> | | 11. DAYS <u>19</u> | | 12. IF UNDER 12 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> | | 11. BIRTHPLACE (State or foreign country) <u>Spoonerville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Fred Albright</u> | | 13b. MOTHER'S MAIDEN NAME <u>Glenda Reeves</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y=, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Albright Malden, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pertussis</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>0560</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) (Min.) | | 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>Birth</u> , 19 <u>51</u> , to <u>16 Dec</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 15</u> , 19 <u>51</u> , and that death occurred at <u>9:10A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles L. Williams M. D.</u> | | | | 23b. ADDRESS <u>Malden, Mo.</u> | | 23c. DATE SIGNED <u>16 Dec 51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec 17</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-4-52</u> | | REGISTRAR'S SIGNATURE <u>J. J. Schuman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Day Funeral Home Malden, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT1-7-52.....
COUNTY FILE NUMBER 152-2.....

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.....

NOT EMBALMED

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.