

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3558

State File No.

No. 300
10.48

FILED FEB 13 1952 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 35

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits write RURAL and give OR TOWN <u>Marshall</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u> | |
| c. LENGTH OF STAY (In this place) <u>22 day</u> | | d. STREET ADDRESS (If rural, give location) <u>945 Watto Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sigeborn Hospital</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-2-1952</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Priscilla</u> b. (Middle) <u>Ann</u> c. (Last) <u>ALBERS</u> | | 5. SEX <u>Female</u> | |
| 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | |
| 8. DATE OF BIRTH <u>August 21-1906</u> | | 9. AGE (In years last birthday) <u>5-3-11</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Marshall Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>US</u> | |
| 13a. FATHER'S NAME <u>Roy H Albers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Duncan</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>3401</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Roy H Albers</u> ADDRESS <u>Slater 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>Meningitis - Virus</u> ANTECEDENT CAUSES <u>Pneumonia - Virus</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia - Virus</u> DUE TO (c) 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 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 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>Dec. 28, 1951</u> to <u>Feb. 2, 1952</u> , that I last saw the deceased alive on <u>Feb. 2, 1952</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>V.A. McBurney MD</u> (Degree or title) | | 23b. ADDRESS <u>Slater Mo.</u> | |
| 23c. DATE SIGNED <u>2-4-52</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>2-4-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Slater Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Jones</u> ADDRESS <u>Slater Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb. 4-1952</u> | | REGISTRAR'S SIGNATURE <u>Bidney T. Gray</u> 315 | |

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

James W. Jones

Licensed Embalmer No. *3143*

P. O. Address *State M*

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.