

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5848

State File No.

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u> <u>0732</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>915 YOUNG ST</u>		d. STREET ADDRESS (If rural, give location) <u>915 YOUNG ST.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWARD</u>	b. (Middle) <u>ALBIN</u>	c. (Last) <u>ALBIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 24 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 7, 1876</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR Months Days	# UNDER 18 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTER</u>	11. BIRTHPLACE (State or foreign country) <u>LAURELSVILLE OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Bishop ALBIN</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ANN FLANNIGAN</u>	14. NAME OF HUSBAND OR WIFE <u>LOUISE ELIZABETH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If give, give way or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth EGGEMAN</u>	ADDRESS <u>Joplin Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Died while sleeping</u> DUE TO (c) <u>Natural Causes.</u>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carley Thompson</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Neosho Mo.</u>	23c. DATE SIGNED <u>2/24/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-26-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GERMAN</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTON Co. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-25-52</u>	REGISTRAR'S SIGNATURE <u>Malvin C. Bowman MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson Jr.</u>	ADDRESS <u>Neosho Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

132V
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 352-33
Date Filed MAR 3 1952

NEOSHO, MISSOURI

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 Robert L. Senter

Signed.....
Student Embalmer

Licensed Embalmer No. 4787

P. O. Address Neosho, 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.