

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7250

FILED APR 15 1952

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD #1 - SALT RIVER</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RFD #1 - SALT RIVER 0040</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ADDITION 1/4 MILE S OF U.S. 54</u>				d. STREET ADDRESS (If rural, give location) <u>RIVERS ADDITION</u>			
3. NAME OF DECEASED (Type or Print) <u>CARL</u>		a. (First) <u>JOE</u>		b. (Middle) <u>ALBRIGHT</u>		c. (Last)	
4. DATE OF DEATH <u>APRIL 8 - 52</u>		(Month) (Day) (Year)		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUG 3 - 1941</u>		9. AGE (In years last birthday) <u>10</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>MEXICO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>WALTER ALBRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>ALMA TATE</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WALTER ALBRIGHT</u> ADDRESS <u>MEXICO 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest jury. Accident by drowning</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>by falling off a raft on the</u> DUE TO (c) <u>Pinner's Pond. Body was found at</u>			
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION <u>None</u>			
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Pinner's Pond</u>		20c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Salt River Audrain Mo</u>		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 8 52 40 PM</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. HOW DID INJURY OCCUR? <u>drowning</u>					
21. I hereby certify that I attended the deceased from <u>10</u> , to <u>19</u> , that I last saw the deceased <u>dead</u> on <u>4-8</u> , 19 <u>52</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.							
22a. SIGNATURE <u>J. C. Adams M.D. Coroner</u> (Degree or title)				22b. ADDRESS <u>Mexico Mo</u>		22c. DATE SIGNED <u>4-9-52</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-10-52</u>		23c. NAME OF CEMETERY OR CREMATORY <u>EAST LAWN MEMORIAL</u>		23d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>	
DATE REC'D BY LOCAL REG. <u>April 9 - 1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Reely</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>CHAS ARNOLD JR</u>		ADDRESS <u>MEXICO MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Charles V. Greening

Licensed Embalmer No. *4625*

P. O. Address *Mexico 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.