

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7791**

LEO APR 4 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **89**

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264

1. PLACE OF DEATH a. COUNTY cole		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY marion	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	c. LENGTH OF STAY (in this place) 8 hrs	c. CITY (If outside corporate limits, write RURAL and give township) Vienna 16-30	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Hospital		d. STREET ADDRESS (If rural, give location) 1 mile W of Vienna Mo	

3. NAME OF DECEASED (Type or Print) Lawrence Cecil Albertson	a. (First) Lawrence	b. (Middle) Cecil	c. (Last) Albertson	4. DATE OF DEATH (Month) (Day) (Year) March 31 1952
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 9, 1923	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 4 Days 22	IF UNDER 2 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Vienna Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dewey Everett Albertson	13b. MOTHER'S MAIDEN NAME Ida Myrtle Daumbach	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give no. or dates of service) yes World War 2	16. SOCIAL SECURITY NO. 498-18-5762	17. INFORMANT'S SIGNATURE OR NAME Elsie Little	ADDRESS St Louis Mo.
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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, asphyxia, 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) Medullary Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Leucometer Skull Fracture 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 076	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, riding blind, etc.) Highway 623 South	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Vienna Osage Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) March 30 1952 3:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident
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22. I hereby certify that I attended the deceased from **March 30, 1952**, to **March 31, 1952**, that I last saw the deceased alive on **March 31, 1952**, and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Eugene E. Lake	(Degree or title) D.O.	23b. ADDRESS Jefferson City	23c. DATE SIGNED Mar 31 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 2 52	24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	24d. LOCATION (City, town, or county) (State) Vienna Mo
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DATE REC'D BY LOCAL REG. April 1-1952	REGISTRAR'S SIGNATURE R.P. Dorris MD-MR	25. FUNERAL DIRECTOR'S SIGNATURE Victor Breacher	ADDRESS Jefferson City Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1932

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.

Signed

Victor Buescher

Signed _____

Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.