

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32583**  
Registrar's No. **236**

OCT 14 1952

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3086</b>																			
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>																				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly Mo.</b>		c. LENGTH OF STAY (If in place) <b>1-Day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Keytesville</b> <b>0210</b>																			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Cormick Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>100-Water St.</b>																				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Joe</b>		c. (Last) <b>Albertson</b>																			
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5th, 1952</b>																							
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 17th, 1917</b>	9. AGE (In years last birthday) <b>35</b> Months <b>9</b> Days <b>11</b>																		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>		11. BIRTHPLACE (State or foreign country) <b>Keytesville</b>																			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>																							
13a. FATHER'S NAME <b>James E. Rice</b>		13b. MOTHER'S MAIDEN NAME <b>Elva Cooley</b>		14. NAME OF HUSBAND OR WIFE <b>Ray Albertson</b>																			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-16-5955</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ray Albertson Keytesville, Mo.</b>																			
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.																							
<table border="1"> <tr> <td colspan="4">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b></td> <td colspan="2">INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b></td> </tr> <tr> <td colspan="4">           ANTECEDENT CAUSES            Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.            DUE TO (b) <b>Surgery</b>            DUE TO (c) _____         </td> <td colspan="2"> <b>1 day</b> </td> </tr> <tr> <td colspan="6">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</td> </tr> </table>						I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Surgery</b> DUE TO (c) _____				<b>1 day</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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19a. DATE OF OPERATION <b>10-5-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Massive intracerebral fibroids</b> <b>214X</b>																					
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 <b>10-3-52</b> , 19__, to <b>10-5-52</b> , 19__, that I last saw the deceased alive on <b>10-5-52</b> , 19__, and that death occurred at <b>1:00 A.</b> , from the causes and on the date stated above.																							
23a. SIGNATURE (Degree or title) <b>W. H. McCormick D.O.</b>		23b. ADDRESS <b>3002 R. 1st St. Moberly Mo.</b>		23c. DATE SIGNED <b>10-5-52</b>																			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 7th, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bennett Cemetery</b>																			
24d. LOCATION (City, town, or county) (State) <b>Keytesville, Mo.</b>																							
DATE REC'D BY LOCAL REG. <b>10-7-52</b>		REGISTRAR'S SIGNATURE <b>Charles Williams Cooley</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Keytesville, Mo.</b>																			

(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 \_\_\_\_\_

*H. D. Garnett*

Licensed Embalmer No. *3046*

P. O. Address \_\_\_\_\_

*Keytesville, 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.