

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37668

1234

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117			
d. FULL NAME OF HOSPITAL OR INSTITUTION Wyatt Park Nursing Home 2705 Lafayette Street				d. STREET ADDRESS (If rural, give location) 2929 Felix Street 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Jessie		b. (Middle) Millar		c. (Last) Albus	
4. DATE OF DEATH		(Month) November		(Day) 22,		(Year) 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 23, 1862	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home.		11. BIRTHPLACE (State or foreign country) Troy, Kansas.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adam Sherwood		13b. MOTHER'S MAIDEN NAME Mary Williamson		14. NAME OF HUSBAND OR WIFE Joseph Albus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Albus St. Joseph, Mo.			
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) <i>Pneumo - pneumonia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Emphysema</i> E 9030 20				INTERVAL BETWEEN ONSET AND DEATH 6 days.	
19a. DATE OF OPERATION 7/8/52		19b. MAJOR FINDINGS OF OPERATION Fracture left femur neck				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.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Joseph Buchanan MO		21d. HOW DID INJURY OCCUR? Fell on floor	
21d. TIME OF INJURY (Month) 7 (Day) 8 (Year) 52 (Hour) ? (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from 7/8, 1952, to 11/20, 1952, that I last saw the deceased alive on 11/20, 1952, and that death occurred at 2:10 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Sanford H. DeGair, M.D.</i>				23b. ADDRESS 620 Francis St. St. Joseph, Mo.		23c. DATE SIGNED 11/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Nov. 28, 1952		REGISTRAR'S SIGNATURE <i>Carl C. Casey</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Meierhoffer & Fleeman</i> St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 11 1952

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

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.