

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37976

State File No. _____

No. 300
To 48
FILED NOV 19 1952

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5236 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Box Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Box Twp.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2 Miles W. of Filley	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles W. of Filley			

3. NAME OF DECEASED (Type or Print) a. (First) Edmund		b. (Middle) Alberti		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 2, 1867		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (State or foreign country) Morgan County, Ill.		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Ernest Alberti		13b. MOTHER'S MAIDEN NAME Kathryn Meyers		14. NAME OF HUSBAND OR WIFE Nellie Alberti	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Alberti, Eldorado Springs, Mo.		ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 MO
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Nephritis		
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)	
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?	

22. I hereby certify that I attended the deceased from 6:23, 1951, to 10:21, 1952, that I last saw the deceased alive on 10-21, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. Bannister M.D.		23b. ADDRESS Eldorado Springs, Mo.		23c. DATE SIGNED 10-23-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-24-1952		24c. NAME OF CEMETERY OR CREMATORY Wright Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
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DATE REC'D BY LOCAL REG. NOV. 6, 1952		REGISTRAR'S SIGNATURE George H. Meyer		25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon		ADDRESS Stockton, Mo.	
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WRITE PLAINLY—USING UNFAADING 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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stoeblen, 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.